

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27688 (3)

1. Corporation Name

DORCHESTER ESTATES AT ABERDEEN HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4965 LE CHALET BLVD
BOYNTON BEACH FL 33436-1405
US

4965 LE CHALET BLVD
BOYNTON BEACH FL 33436-1405
US

3. Date Incorporated or Qualified
08/01/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0132064

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARBONE, RAYMOND L. II
4965 LE CHALET BLVD
BOYNTON BEACH FL 33437**

81

Name

STANLEY KESSLER

82

Street

4965 LE CHALET BLVD.

83

84

City

Boynton Beach

FL

85 Zip Code

33437

11. Pursuant to the provisions of Section 617.032, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I, the undersigned, am authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.032, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable

Pres.

(NOTE: Registered Agent signature required when reinstating)

4/19/96
Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PD	KESSLER, STANLEY	4965 LE CHALET BLVD.	BOYNTON BEACH FL	<input type="checkbox"/>
VP	MAZIROFF, IRA	4965 LECHALET BLVD	BOYNTON BEACH FL 33437	<input checked="" type="checkbox"/>
VD	SCHIFF, MARTIN	4965 LECHALET BLVD	BOYNTON BEACH FL	<input type="checkbox"/>
TD	MERSON, DAVID	4965 LECHALET BLVD	BOYNTON BEACH FL	<input checked="" type="checkbox"/>
SD	RANDAZZO, JOSIE	4965 LE CHALET BLVD.	BOYNTON BEACH FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VICE PRESIDENT	STEWART SUTTENBERG	4965 LE CHALET BLVD	BOYNTON BEACH FL	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		900001857389	-06/11/96--01014--013	
			***61.25	
TREASURER	RUDY EUERT-BECK	4965 LE CHALET BLVD	BOYNTON BEACH FL	<input checked="" type="checkbox"/>
SECRETARY	BERNARD HOLLANDER, M.D.	4965 LE CHALET BLVD	BOYNTON BEACH FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

STANLEY KESSLER

Date

Daytime Phone #

05-01-96 OR

CR2E037 (12/95)