

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90105 035 \*\*\*\*61.25

DOCUMENT # *N27688*

1. Entity Name  
**DORCHESTER ESTATES @ ABERDEEN HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business <b>Custom Property Mgmt.          2328 S. Congress Ave.          suite 2-A          West Palm Bch, FL 33406</b>	Mailing Address <b>Custom Property Mgmt.          2328 S. Congress Ave.          suite 2-A          West Palm Bch, FL 33406</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0132064</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CUSTOM PROPERTY MANAGEMENT, INC.  
 2328 SO. CONGRESS AVE., SUITE 2A  
 WEST PALM BEACH, FL 33406**

7. Name and Address of New Registered Agent  
 Name **Custom Property Management, Inc.**  
 Street Address (P.O. Box Number is Not Acceptable) **2328 South Congress Avenue, suite 2-A**  
 City **West Palm Beach** FL Zip Code **33406**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *DENICE GEORGE* *Denice George - Vice President* *3/23/00*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PD MAZIROFF IRA 7700 DORCHESTER RD. BOYNTON BEACH, FL 33437</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VPD KESSLER, STANLEY 7940 DORCHESTER RD. BOYNTON BEACH, FL 33437</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SD KLEIN, MARTIN 7772 DORCHESTER RD. BOYNTON BEACH, FL 33437</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TD GROSS, HILDY 7907 DORCHESTER RD. BOYNTON BEACH, FL 33437</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D WINSTON, GIDEON 7708 DORCHESTER RD. BOYNTON BEACH, FL 33437</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VPD SUTENBERG, STEWART 7820 DORCHESTER RD. BOYNTON BEACH, FL 33437</i>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ira Maziroff* *Ira Maziroff Pres* *3/23/00* *561 736-8089*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)