

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90011 050 \*\*\*\*61.25

**DOCUMENT # N27688**

1. Entity Name

**DORCHESTER ESTATES AT ABERDEEN HOMEOWNERS ASSOCI**

Principal Place of Business

Mailing Address

% CUSTOM PROPERTY MGMT.  
 2328 S. CONGRESS AVE -STE 2A  
 WEST PALM BEACH FL 33406  
 US

% CUSTOM PROPERTY MGMT.  
 2328 S. CONGRESS AVE -STE 2A  
 WEST PALM BEACH FL 33406  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

c/o Campbell Property Management  
 Suite, Apt. #, etc. Management  
 3818 Via Poinciana Dr  
 City & State Suite 9  
 Lake Worth, FL

c/o Campbell Property Mgmt  
 Suite, Apt. #, etc.  
 3918 Via Poinciana Dr, #9  
 City & State  
 Lake Worth, FL

4. FEI Number

65-0132064

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUSTOM PROPERTY MANAGEMENT, INC.  
 2328 S. CONGRESS AVE  
 STE 2A  
 WEST PALM BEACH FL 33406

Name  
**St John Dicker Krivok & Core**  
 Street Address (P.O. Box Number is Not Acceptable)  
**500 Australian Ave S. # Suite 600**  
 City  
**West Palm Beach** FL Zip Code  
**33401**

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 David A. Core SECRETARY. DAVID A. CORE, SECRETARY  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 16 May 01

**FILE NOW:  
 FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Delete
NAME	<b>KESSLER, STANLEY</b>
STREET ADDRESS	<b>7940 DORCHESTER RD</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>SUTTENBERG, STEWART</b>
STREET ADDRESS	<b>7280 DORCHESTER RD</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>GROSS, HILDY</b>
STREET ADDRESS	<b>7909 DORCHESTER RD</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>WINSTON, GIDEON</b>
STREET ADDRESS	<b>7708 DORCHESTER RD</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>
TITLE	<input checked="" type="checkbox"/> Delete
NAME	<del><b>MAZIROFF, IRA</b></del>
STREET ADDRESS	<del><b>7700 DORCHESTER RD</b></del>
CITY-ST-ZIP	<del><b>BOYNTON BEACH FL 33437</b></del>
TITLE	<input type="checkbox"/> Delete
NAME	<b>KLEIN, MARTIN</b>
STREET ADDRESS	<b>7772 DORCHESTER RD</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD KESSLER, STANLEY</b>
STREET ADDRESS	<b>7940 DORCHESTER RD</b>
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33437</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D SUTTENBERG, STEWART</b>
STREET ADDRESS	<b>7280 DORCHESTER RD</b>
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33437</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D LEONARD ROSENBERG</b>
STREET ADDRESS	<b>7908 DORCHESTER RD</b>
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33437</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: X [Signature] SIGNATURE REQUIRED

X 4/30/01

CR2E037 (10/00)