

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 30, 2005 8:00 am
Secretary of State

08-30-2005 90032 019 ****61.25



DOCUMENT # N27688					
1. Entity Name DORCHESTER ESTATES AT ABERDEEN HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business % CAMPBELL PROPERTY MGMT. 3918 VIA POINCIANA DR, STE 9 LAKE WORTH FL 33467 US		Mailing Address % CAMPBELL PROPERTY MGMT. 3918 VIA POINCIANA DR, STE 9 LAKE WORTH FL 33467 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0132064	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
ST JOHN, CORE, FIORE & LEMME, PA CENTURION TOWER STE 701 1601 FORUM PLACE WEST PALM BEACH FL 33401		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City			
		FL Zip Code			
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTENBERG, STEWART		NAME		
STREET ADDRESS	7280 DORCHESTER RD		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33437		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<i>VP</i> JAMES DORGAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOSTER, STACEY		NAME	7764 Dorchester Rd	
STREET ADDRESS	8520 JUDSON CIRCLE		STREET ADDRESS	BOYNTON Bch FL 33437	
CITY-ST-ZIP	BOYNTON BEACH FL 33437		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPLEBAUM, DONALD		NAME		
STREET ADDRESS	7780 DORCHESTER RD		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33437		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLERT-BECK, RODOPH		NAME		
STREET ADDRESS	7740 DORCHESTER RD		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33437		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERG, LEONARD		NAME		
STREET ADDRESS	7908 DORCHESTER RD		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33437		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, MARTIN		NAME		
STREET ADDRESS	7772 DORCHESTER RD		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33437		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: <i>R. H. ELLERT-BECK, TREASURER.</i>			Date: <i>7/29/05</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		



1st MOORE CR2E037 (10/04)

Applied For
Not Applicable