2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

DOCUMENT # N27688 Lifety Same DORCHESTER ESTATES AT ABERDEEN HOMEOWNERS ASSOCIATION, INC. Principal Place of Business **********************************		ANNOAL	Secretary of State						
### PROCESS Place of Business 2. Principal Place of Business 2. Principal Place of Business 3. Mailing Address 7/10 Congress 5. Mailing Address 7/10 Congress 5. Mailing Address 5	1. Entity Nam DORCHE	e STER ESTATES AT ABERI		05	-01-2006 903				
Sule, Appl. Concurs of the Sule, Appl. Crusters HB Sule, Appl. Crusters HB Constitute Crusters HB Cr	SO CAMPBELL 3918 VIA PO	- Property MgMT: I nciana dr., STE 9 -	3918 VIA POINCIANA DR. STE	MT. ~			######################################		
Crypt State Crypt State Crypt State Crypt State County		^	3. Mailing Address 7700 Concress M	hé					
### DOWN KATO	1128		Suite Act , etc		02072006 Chզ	g-NP CF	R2E037 (11/05)		
6. Name and Address of Current Registered Agent 7. Name and Address of Status Desired Fee Required Fee Requir	DOC+	1 Katm II.	City & State BO CA RATI	ONFI.		ļ	— —		
Name	^{Zip} 33	5487 USA	33487	7.S.A			Fee Require		
STUDING CORES_ELDER_8_LEMME_PA LIGOLE_CENTURNON TOWER STEE 701_ LIGOLEDRUM PLACE WEST PALM BEACH, FL 33491 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 collipations of registered agent or broth, in the State of Florida. I am familiar with, and accept the collipations of registered agent. SIGNATURE Filling Foe is \$61.25 Due by May 1, 2006 Place of the collipations of registered agent on the function of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the collipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida Department of State Filling Foe is \$61.25 Due by May 1, 2006 Place Due by		o. Name and Address of Current F	registered Agent	Name :	/. Name and Addre	ess of New Regist	ered Agent		
B. 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	CENTURIO 1601 FORI	ON TOWER STE-701	Street Address (P.O. Box Number is Not Acceptable) # 1100						
SIGNATURE				City BOCA	RATIN		FL Zip 33	487	
Suprature: hybrid or persisted regulated signers and ritle if applications Section Campaign Financing \$5.00 May Be Added to Fees Make check payable to Florida Department of State	8. The above the obligati	named entity submits this statement for ions of registered agent.	the purpose of changing its registe	ered office or register	red agent, or both, in the	ne State of Florida.	I am familiar with,	and accept	
Due by May 1, 2006	//								
TITLE NAME SUTTENBERG, STEWART STREET ADDRESS CITY-ST-2P CONTROL DELETER RD BOYNTON BEACH, FL 33437 TITLE NAME STREET ADDRESS CITY-ST-2P CONTROL DELETER RD BOYNTON BEACH, FL 33437 TITLE NAME STREET ADDRESS CITY-ST-2P CONTROL DELETER RD BOYNTON BEACH, FL 33437 TITLE NAME STREET ADDRESS CITY-ST-2P CONTROL DELETER RD BOYNTON BEACH, FL 33437 TITLE NAME STREET ADDRESS CITY-ST-2P CITY		- .		~ —					
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NAME STREET ADDRESS CITY-SI-ZIP BOYNTON BEACH, FL 33437 ITILE AMME STREET ADDRESS CITY-SI-ZIP BOYNTOM BEACH, FL 33437 ITILE AMME APPLEBANM, ONALD TARBODORCHESTER RD BOYNTOM BEACH, FL 33437 ITILE NAME STREET ADDRESS CITY-SI-ZIP BOYNTOM BEACH, FL 33437 ITILE NAME STREET ADDRESS CITY-SI-ZIP BOYNTOM BEACH, FL 33437 ITILE NAME STREET ADDRESS CITY-SI-ZIP BOYNTOM BEACH, FL 33437 ITILE D ROSENBERG, LEONARD TO Delete TITLE NAME ROSENBERG, LEONARD TO Delete ROSENBERG, LEONARD TO DELETE TO STREET ADDRESS CITY-SI-ZIP TITLE D ROSENBERG, LEONARD TO DELETE TO STREET ADDRESS CITY-SI-ZIP TITLE D ROSENBERG, LEONARD TO DELETE TO STREET ADDRESS CITY-SI-ZIP TITLE NAME ROSENBERG, LEONARD TO DELETE TO STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS TOTT-SI-ZIP TITLE NAME STREET ADDRESS TOTT-SI-ZIP TITLE NAME STREET ADDRESS TOTT-SI-ZIP TO DELETE STREET ADDRESS TOTT-SI-ZIP TO DELETE TITLE NAME STREET ADDRESS TOTT-SI-ZIP TITLE NAME STREET ADDRESS TOTT-SI-ZIP TITLE NAME STREET ADDRESS TOTT-SI-ZIP TO DELETE STREET ADDRESS TOTT-SI-ZIP TO DELETE TO DELE	NAME STREET ADDRESS	SUTTENBERG, STEWART 7280 DORCHESTER RD	NA Str	ME Reet address			Change	Addition	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME KLEIN, MARTIM STREET ADDRESS CITY-ST-ZIP TOP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	ELLERT-BECK, RODOPLH 7740 DORCHESTER RD	nai Stf	ME REET ADORESS			☐ Change	Addition	
NAME STREET ADDRESS 7772 DORCHESTER RD STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33437 NAME STREET ADDRESS CITY-ST-ZIP	name Street address	ROSENBERG, LEONARD 7908 DORCHESTER RD	nai Stf	ME REET ADORESS			Change	☐ Addition	
	NAME STREET ADDRESS	KLEIN, MARTIN 7772 DORCHESTER RD BOYNTON BEACH, FL 33437	NAI STR CIT	ME REET ADORESS			☐ Change	Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of trystee 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.

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.26.06

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