


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90365 004 ****61.25

DOCUMENT # N27688			
1. Entity Name DORCHESTER ESTATES AT ABERDEEN HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 7 CAMPBELL PROPERTY MGMT. 3918 VIA POINCIANA DR, STE 9 LAKE WORTH, FL 33467 US		Mailing Address <i>MANAGEMENT Services</i> 40073913 7 CAMPBELL PROPERTY MGMT. 3918 VIA POINCIANA DR, STE 9 LAKE WORTH, FL 33467 US	
2. Principal Place of Business 7700 Congress Ave Suite, Apt. #, etc. 1128 City & State BOCA RATON FL		3. Mailing Address 7700 Congress Ave Suite, Apt. #, etc. #1128 City & State BOCA RATON FL	
Zip 33487 Country USA		Zip 33487 Country U.S.A	
6. Name and Address of Current Registered Agent ST JOHN, CORE, FIORE & LEMME, PA CENTURION TOWER STE 701 1601 FORUM PLACE WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name <i>MANAGEMENT Services</i> Street Address (P.O. Box Number is Not Acceptable) <i>7700 Congress Ave #1128</i> City <i>BOCA RATON</i> FL Zip Code <i>33487</i>	
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 <i>Jenett Van Bell</i>		DATE <i>3/27/6</i>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME SUTTENBERG, STEWART STREET ADDRESS 7280 DORCHESTER RD CITY-ST-ZIP BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME DIRGAN, JAMES STREET ADDRESS 7764 DORCHESTER RD CITY-ST-ZIP BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete	TITLE NAME <i>James Dorgan</i> STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME APPLEBAM, DONALD STREET ADDRESS 7780 DORCHESTER RD CITY-ST-ZIP BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME ELLERT-BECK, RODOPLH STREET ADDRESS 7740 DORCHESTER RD CITY-ST-ZIP BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME ROSENBERG, LEONARD STREET ADDRESS 7908 DORCHESTER RD CITY-ST-ZIP BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME KLEIN, MARTIN STREET ADDRESS 7772 DORCHESTER RD CITY-ST-ZIP BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete	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 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 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>Alan Levin</i>		Date <i>4.26.06</i> Daytime Phone # <i>561 988/888</i>	