

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N27688

1. Entity Name
DORCHESTER ESTATES AT ABERDEEN HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**8694 INDIAN RIVER RUN
BOYNTON BEACH, FL 33437 US**

Mailing Address
**8694 INDIAN RIVER RUN
BOYNTON BEACH, FL 33437 US**

2. Principal Place of Business - No P.O. Box #
Associated Property Mgmt. 1928 LAKE WORTH RD.

3. Mailing Address
Associated Property Mgmt. 1928 LAKE WORTH RD.

Suite, Apt. #, etc.
LAKE WORTH, FL

City & State
LAKE WORTH, FL

Zip
33461

Country
USA

FILED
08 OCT 16 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08042008 Chg-NP CR2E037 (12/06)

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

**MANAGEMENT SERVICES
8694 INDIAN RIVER RUN
BOYNTON BEACH, FL 33437**

7. Name and Address of New Registered Agent

Name **Dicker, Krivok + Stoloff, P.A.**

Street Address (P.O. Box Number is Not Acceptable)
1818 AUSTRALIAN AVE., So., #400

City **West Palm Beach** FL Zip Code **33409**

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 *Scott A. Stoloff* **Scott A. Stoloff Esq.** DATE **10-8-08**

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

Amended AR is **\$61.25**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUTTENBERG, STEWART 7280 DORCHESTER RD BOYNTON BEACH, FL 33437 33472 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DORGAN, JAMES 7764 DORCHESTER RD BOYNTON BEACH, FL 33437 33472 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELLERT-BECK, RODOPLHE 7740 DORCHESTER RD BOYNTON BEACH, FL 33437 33472 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBERG, LEONARD 7908 DORCHESTER RD BOYNTON BEACH, FL 33437 33472 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 500137175795 10/22/08--01048--010 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ELLERT-BECK, RODOPLHE 7740 Dorchester Rd. Boynton Beach, FL 33472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secy Klein, Martin 7772 Dorchester Rd Boynton Beach, FL 33472
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 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: *Stewart Suttnerberg* **Stewart Suttnerberg** DATE **9/17/08** DAYTIME PHONE # **369-4251**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR