

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29065** (2)
1. Corporation Name

WATERFORD AT ABERDEEN ASSOCIATION, INC.



Principal Place of Business	Mailing Address
% CMD MGMT INC 3082 JOG RD LAKE WORTH FL 33467 US	% CMD MGMT INC 3082 JOG RD LAKE WORTH FL 33467 US

3. Date Incorporated or Qualified

11/01/1988

4. FEI Number

65-0087650

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSENTHAL, DAVID C.
3082 JOG RD
LAKE WORTH FL 33467**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P D	<input checked="" type="checkbox"/> DELETE
NAME	DARIEN, AL	
STREET ADDRESS	8498 HEATHER PLACE	
CITY-ST-ZIP	BOYNTON BEACH FL	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JULIUS RAPAPORT
1.3 STREET ADDRESS	8510 HEATHER PLACE
1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437

TITLE	TD	<input type="checkbox"/> DELETE
NAME	BERGRIN, DAVID	
STREET ADDRESS	7270 HEARTSTONE	
CITY-ST-ZIP	BOYNTON BEACH FL	

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JACK SHILLING
2.3 STREET ADDRESS	1371 HEARTHSTONE AVENUE
2.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437

TITLE	VP	<input type="checkbox"/> DELETE
NAME	WEISS, RICHARD	
STREET ADDRESS	8438 HEATHER PLACE	
CITY-ST-ZIP	BOYNTON BEACH FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MITTLEMAN, LES	
STREET ADDRESS	7301 HEARTHSTONE AVE	
CITY-ST-ZIP	BOYNTON BEACH FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDSTEIN, CHARLIE	
STREET ADDRESS	8370 LORDS PLACE	
CITY-ST-ZIP	BOYNTON BEACH FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	P D	<input type="checkbox"/> DELETE
NAME	ISSENBERG, DANIEL	
STREET ADDRESS	8470 JUDDITH AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Daniel Issenberg** (DANIEL ISSENBERG) 4/7/98 561-737-9983

CR2E037 (10/97)