

004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90007 043 ****61.25

DOCUMENT # N29065

1. Entity Name
WATERFORD AT ABERDEEN ASSOCIATION, INC.



Principal Place of Business
**% G.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD., SUITE 201
LAKE WORTH, FL 33463 US**

Mailing Address
**%GRS MANAGEMENT ASSOCIATES INC
3900 WOODLAKE BLVD SUITE 201
LAKE WORTH, FL 33467 US**

24075207



2. Principal Place of Business
**410 Campbell Property Mgmt
Suite, Apt. #, etc.
3918 Via Poinciana Dr #9
City & State
Lake Worth FL**

3. Mailing Address
**410 Campbell Property Mgmt
Suite, Apt. #, etc.
3918 Via Poinciana Dr #9
City & State
Lake Worth FL**

04282004 Chg-NP CR2E037-(10/03)

4. FEI Number
65-0087650

Applied For
Not Applicable

Zip
33467

Country
Palm Bch

Zip
33467

Country
Palm Bch

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

6. Name and Address of Current Registered Agent

**ST JOHN, DICKER, KRIVOK & COLE PA
GEORGE SCHWIND
500 AUSTRALIAN AVE S SUITE 600
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

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
**VD
SHILLING, JACK
7371 HEARTHSTONE AVE
BOYNTON BEACH, FL 33437** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
BERGRIN, DAVID
7270 HEARTHSTONE
BOYNTON BEACH, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GOLD, RICHARD JIM WISE
7297 HEARTHSTONE AVE 7481 HEARTHSTONE
BOYNTON BEACH, FL 33437** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
KASS, RIKI
7381 HEARTHSTONE AVE
BOYNTON BEACH, FL 33437** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CASSELLI, LARRY ANTHONY
7400 HEARTHSTONE AVE.
BOYNTON BEACH, FL 33437** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ISSENBERG, DANIEL
8470 JUDDITH AVENUE
BOYNTON BEACH, FL** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Jim Wise
7481 Heartstone Ave
BOYNTON Bch FL 33437** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ANTHONY CASSELL
7400 Heartstone Ave
BOYNTON Bch FL 33437** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #