

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 D. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N32826** (2)  
1. Corporation Name  
**THE HARBOURS AT ABERDEEN CONDOMINIUM, INC.**

Principal Place of Business Mailing Address  
**C/O COMMUNITY ASSOC. SERVICES** **951 BROKEN SOUND PKWY #250**  
**951 BROKEN SOUND PARKWAY #250** **BOCA RATON FL 33487**  
**BOCA RATON FL 33487**



3. Date Incorporated or Qualified  
**06/15/1989**  
4. FEI Number **65-0140620** Applied For  
Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
22 City & State	27 City & State	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
23 Zip Country	28 Zip Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
24	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COMMUNITY ASSOCIATION SERVICES, INC.**  
**951 BROKEN SOUND PKWY**  
**SUITE 250**  
**BOCA RATON FL 33487**

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	<b>VDP</b>	<input type="checkbox"/> DELETE
NAME	<b>WOLLISON, BARRY</b>	
STREET ADDRESS	<b>8304 WATERLINE #103</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>KAPLAN, ANITA</b>	
STREET ADDRESS	<b>8336 WATERLINE DR. #104</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>	
TITLE	<b>VDP</b>	<input type="checkbox"/> DELETE
NAME	<b>KUNKEL, JOHN</b>	
STREET ADDRESS	<b>4965 LE CHALET BLVD</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>UNDERWOOD, HOWARD</b>	
STREET ADDRESS	<b>4965 LE CHALET BLVD</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>KUNKEL, RAY</b>	
STREET ADDRESS	<b>8296 WATERLINE DR. #202</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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:

*[Signature]*

4/15/98

CR2E037 (10/97)