

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90049 014 \*\*\*\*61.25

<b>DOCUMENT # N32826</b> 1. Entity Name <b>THE HARBOURS AT ABERDEEN CONDOMINIUM, INC.</b>			
Principal Place of Business <b>C/O COMMUNITY ASSOC. SERVICES</b> <b>951 BROKEN SOUND PARKWAY #250</b> <b>BOCA RATON, FL 33487</b>		Mailing Address <b>951 BROKEN SOUND PKWY #250</b> <b>BOCA RATON, FL 33487</b>	
2. Principal Place of Business - No P.O. Box # <b>C.A.S. Realty Management, LLC</b> <b>1901 S. Congress Ave</b> <b>Suite 480</b> <b>Boynton Beach, FL 33426</b>		3. <b>C.A.S. Realty Management, LLC</b> <b>1901 S. Congress Ave</b> <b>Suite 480</b> <b>Boynton Beach, FL 33426</b>	
4. FEI Number <b>65-0140620</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>COMMUNITY ASSOCIATION SERVICES, INC.</b> <b>951 BROKEN SOUND PKWY</b> <b>SUITE 250</b> <b>BOCA RATON, FL 33487</b>		7. Name and Address of New Registered Agent Name <b>CAS Realty Management LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>1901 S. Congress Ave - Ste 480</b> City <b>Boynton Beach</b> FL <b>33426</b>	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PD</b> <b>HELLER, LEON</b> <b>8280 WATERLINE DRIVE 104</b> <b>BOYNTON BEACH, FL 33437</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>TD</b> <b>KUNKEL, JOHN R</b> <b>8296 WATERLINE DR</b> <b>BOCA RATON, FL 33437</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VPD</b> <b>RIGGIO, PHILIP</b> <b>8324 WATERLINE DR., #101</b> <b>BOCA RATON, FL 33431</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D</b> <b>CEASE, CAROL</b> <b>8324 WATERLINE DRIVE, #201</b> <b>BOYNTON BEACH, FL 33437</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>SD</b> <b>UNDERWOOD, HARY</b> <b>8300 WATERLINE DRIVE, #101</b> <b>BOYNTON BEACH, FL 33437</b>	<input type="checkbox"/> Delete	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"/> 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.			
<b>SIGNATURE:</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>Date</small>		<small>Daytime Phone #</small>	

40001003



02282008 Chg-NP CR2E037 (12/06)

3/28/08

see attached

ATTACHMENT

40061063

#N32826

***HARBOURS BOARD OF DIRECTORS***

***3/17/08***

NAME	ADDRESS	POSITION
Ray Kunkel	c/o CAS 1901 S. Congress Av. Boynton Beach, FL 33426	President
Jerry Lapenson	c/o CAS 1901 S. Congress Av. Boynton Beach, FL 33426	Director
Arnold Rudman	c/o CAS 1901 S. Congress Av. Boynton Beach, FL 33426	Vice Pres.
Mary Underwood	c/o CAS 1901 S. Congress Av. Boynton Beach, FL 33426	Treasurer
Carol Cease	c/o CAS 1901 S. Congress Av. Boynton Beach, FL 33426	Secretary

***All addresses are:***

***Boynton Beach, Florida 33472***

***Mar. 07***