

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N32826

FILED  
Apr 22, 2003  
Secretary of State

**Entity Name:** THE HARBOURS AT ABERDEEN CONDOMINIUM, INC.

**Current Principal Place of Business:**

C/O COMMUNITY ASSOC. SERVICES  
951 BROKEN SOUND PARKWAY #250  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

951 BROKEN SOUND PKWY #250  
BOCA RATON, FL 33487

**New Mailing Address:**

**FEI Number:** 65-0140620

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HELLER, LEON  
Address: 8280 WATERLINE DRIVE 104  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D ( ) Delete  
Name: KUNKEL, JOHN R  
Address: 8296 WATERLINE DR  
City-St-Zip: BOCA RATON, FL 33437

Title: VPD ( ) Delete  
Name: TOBIN, IRWIN  
Address: 8304 WATERLINE #103  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: SD ( ) Delete  
Name: PFLANZER, FRANK J  
Address: 8296 WATERLINE DR  
City-St-Zip: BOYNTON BEACH, FL 33437

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R. KUNKEL

D

04/22/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date