

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90725 048 ****61.25

DOCUMENT # N29065

1. Entity Name

WATERFORD AT ABERDEEN ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% G.R.S. MANAGEMENT ASSOCIATES, INC.
 3900 WOODLAKE BLVD., SUITE 201
 LAKE WORTH FL 33463
 US

%GRS MANAGEMENT ASSOCIATES INC
 3900 WOODLAKE BLVD SUITE 201
 LAKE WORTH FL 33467
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FET Number

65-0087650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete
 NAME **SHILLING, JACK**
 STREET ADDRESS **7371 HEARTHSTONE AVE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

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

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

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

TITLE **D** ☒ Delete
 NAME **COHEN, LARRY**
 STREET ADDRESS **8449 HEATHER PLACE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **D** ☐ Change ☒ Addition
 NAME **Gold, Richard**
 STREET ADDRESS **7291 HEARTHSTONE AVE**
 CITY-ST-ZIP **BOYNTON Bch, FL 33437**

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

TITLE **SD** ☐ Change ☐ Addition
 NAME **KASS, Riki**
 STREET ADDRESS **7381 HEARTHSTONE AVE**
 CITY-ST-ZIP **BOYNTON Bch, FL 33437**

TITLE **SD** ☒ Delete
 NAME **ACKERMAN, STEVEN**
 STREET ADDRESS **8497 HEATHER PL**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **D** ☐ Change ☒ Addition
 NAME **CASSELL, LARRY**
 STREET ADDRESS **7400 HEARTHSTONE AVE**
 CITY-ST-ZIP **BOYNTON Bch, FL 33437**

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

TITLE **D** ☐ Change ☒ Addition
 NAME **GUBERMAN, MARVIN**
 STREET ADDRESS **8473 HEATHER PLACE**
 CITY-ST-ZIP **BOYNTON Bch, FL 33437**

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)