

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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AND  
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95 MAY -1 PM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 768981 (3)**  
1. Corporation Name  
**ABERDEEN PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business: **4985 LE CHALET BLVD BOYNTON BEACH FL 33436-1405**  
Mailing Address: **4985 LE CHALET BLVD BOYNTON BEACH FL 33436-1405**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/17/1983** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2324875** Applied For:  Not Applicable:

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

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 40 CMD Management, Inc.**  
Suite, Apt. #, etc.: **22 3082 Jog Road**  
City & State: **23 Lake Worth, FL**  
Zip: **24 33467** Country: **25 USA**

2a. Mailing Address: **26 40 CMD Management, Inc.**  
Suite, Apt. #, etc.: **27 3082 Jog Road**  
City & State: **28 Lake Worth, FL**  
Zip: **29 33467** Country: **30 USA**

9. Name and Address of Current Registered Agent  
**CARBONE, RAYMOND  
4985 LE CHALET BLVD  
BOYNTON BEACH FL 33480**

10. Name and Address of New Registered Agent

81 Name: **David C. Rosenthal**  
82 Street Address (P.O. Box Number is Not Acceptable): **40 CMD Management, Inc.**  
83: **3082 Jog Road**  
84 City: **Lake Worth, FL** 85 Zip Code: **33467**

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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 607.0505, Florida Statutes.

SIGNATURE: David C. Rosenthal DATE: 4-14-95

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>LEISTNER, MELVIN</b>
STREET ADDRESS	<b>7252 SWEETBAY COURT</b>
CITY - ST - ZIP	<b>BOYNTON BEACH FL</b>
TITLE	<b>VD</b>
NAME	<b>SUGARMAN, SAMUEL</b>
STREET ADDRESS	<b>8197 WATERLINE DR.</b>
CITY - ST - ZIP	<b>BOYNTON, FL 00000</b>
TITLE	<b>TD</b>
NAME	<b>KESSLER, STANLEY</b>
STREET ADDRESS	<b>7940 DORCHESTER RD.</b>
CITY - ST - ZIP	<b>BOYNTON FL</b>
TITLE	<b>SD</b>
NAME	<b>DONIGER, SAMUEL</b>
STREET ADDRESS	<b>5713 PARKWALK CIR., E.</b>
CITY - ST - ZIP	<b>BOYNTON BCH. FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in an attachment with an address.

SIGNATURE: Melvin Leistner DATE: 4-25-95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR