## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

768981

(3)

ABERDEEN PROPERTY OWNERS ASSOCIATION, INC.									
Principal Place	e of Business	Mailing Address							
% CMD MANAGEMENT 3082 JOG RD LAKE WORTH FL 33467		% CMD MANAGEMENT 3082 JOG RD LAKE WORTH FL 33467							
US		US				3. Date Incorporated or Qualified 06/17/1983	3a. Date of I	Last Report ) <b>1/1995</b>	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Applied For		
21		26				59-2324875		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	+-	.75 Additional Fee Required	
City & State	е	City & State				Election Campaign Financing     Trust Fund Contribution		5.00 May Be dded to Fees	
Zip <b>24</b>	Country 25	Zip 3	Cour	ntry		8. This corporation has liability for in Florida Statutes	••		
	9. Name and Address of Curre					10. Name and Address of New Re			
				81	Name				
ROSENTHAL, DAVID C.				82	Street Add	dress (P.O. Box Number is Not Acceptable	9)		
% CMD MANAGEMENT INC 3082 JOG ROAD			-	83					
	ORTH FL 33467								
Duit II	001111112 00407			84	City		FL  85	Zip Code	
or register	to the provisions of Sections 617.050; red agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was authorized b	he abov by the c	ve-na orpo	med corporation's boa	oration submits this statement for the purp ard of directors. I hereby accept the appoi	ose of changing ntment as registi	its registered office ered agent. I am	
SIGNATURE .	Signature, typed or printed name of registered agen	and title if and cable. (NOTE: 0	lag atomid	Agent	indot by soon a	and unboase assisted (Cara)	DATE		
12. OFFICERS AND DIRECTORS				g stered Agent signature required in 13.		ADDITIONS/CHANGES TO OF FIG		CTORS IN 12	
TITLE	PD			1.1 TITLE			☐ Char		
NAME				1.2 NAME			_		
STREET ADDRESS	7252 SWEETBAY COURT		13 \$11	REET A	DDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL	TON BEACH FL 140		Y-\$1-	ZIP				
TITLE	VD	DELETE 211		l.F			☐ Char	nge 🔲 Addition	
NAME	SUGARMAN, SAMUEL	JUGARMAN, SAMUEL		2.2 NAME					
STREET ADDRESS	8197 WATERLINE DR.		2.3 STREET ADDRESS		DDRESS				
CITY-ST-ZIP	BOYNTON, FL 00000			2. 4 CITY-ST-ZIP					
TITLE	TD	DELETE	3.1 TITLE				Char	ige 🔲 Addition	
NAME	KESSLER, STANLEY		3.2 NA	ME					
STREET ADDRESS	7940 DORCHESTER RD.		3.3 STF	REET A	DDRESS				
CITY-ST-ZIP TITLE	BOYNTON FL	DELETE	3.4 CITY-S 4.1 TITLE		ZIP		[m] c	Til Marries	
NAME	SD CAMBE						Char	ige 🔲 Addition	
STREET ADDRESS	Doniger, Samuel 5713 Parkwalk Cir., E.		4. 2 NA		ODRESS				
CITY-ST-ZIP	BOYNTON BCH. FL		4.3 STF						
TITLE	DOTITION BOIL IL	DELETE	5.1 TITI		ZIF		Char	ge Addition	
NAME		<del>-</del>	5 2 NAI		1				
STREET ADDRESS			53 STF		ODRESS				
CITY-ST-ZIP			5.4 CIT						
TITLE		DELETE	6 1 TH	LE			Chan	ge Addition	
NAME			62 NA	ME					
STREET ADDRESS			6.3 STR	REET AL	DORESS				
CITY-ST-ZIP			6.4 CIT						
<ol><li>14. I do hereb certify that</li></ol>	y certify that the information supplied the information indicated on this anni	with this filing is voluntarily furnished ual report or supplemental annual re	d and d eport is	loes true	not qualify f	for the exemption stated in Section 119.0 ate and that my signature shall have the s	7(3)(k), Florida St	atutes. I further	
oath, that	I am an officer or director of the corpo	oration or the receiver or trustee em	powere	ed to	execute th	is report as required by Chapter 617, Flor	ida Statutes: and	I that my name	

SIGNATURE: M

PRES (MELVIN LEISTHER 3-14-96
Daytime Phone #