

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 768981 (3)
1. Corporation Name
ABERDEEN PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business % CMD MANAGEMENT 3082 JOG RD LAKE WORTH FL 33467 US	Mailing Address % CMD MANAGEMENT 3082 JOG RD LAKE WORTH FL 33467-2053 US
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3. Date Incorporated or Qualified 06/17/1983	3a. Date of Last Report 03/21/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-2324875	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ROSENTHAL, DAVID C.
% CMD MANAGEMENT INC
3082 JOG ROAD
LAKE WORTH FL 33467**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *David C. Rosenthal* DATE: **1/30/97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEISTNER, MELVIN	
STREET ADDRESS	7252 SWEETBAY COURT	
CITY - ST - ZIP	BOYNTON BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SUGARMAN, SAMUEL	
STREET ADDRESS	8197 WATERLINE DR.	
CITY - ST - ZIP	BOYNTON, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KESSLER, STANLEY	
STREET ADDRESS	7940 DORCHESTER RD.	
CITY - ST - ZIP	BOYNTON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DONIGER, SAMUEL	
STREET ADDRESS	5713 PARKWALK CIR., E.	
CITY - ST - ZIP	BOYNTON BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kessler, Stan
2.3 STREET ADDRESS	7940 Dorchester Road
2.4 CITY - ST - ZIP	Boynton Beach, FL 33437
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Levine, Ellis
3.3 STREET ADDRESS	8246 Mooring Circle
3.4 CITY - ST - ZIP	Boynton Beach, FL 33437
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Glanzbergh, Audrey
4.3 STREET ADDRESS	5514 Parkwalk Circle East
4.4 CITY - ST - ZIP	Boynton Beach, FL 33437
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE: *Melvin Leistner* DATE: **3-14-97** (601) 738-9703

CFR2E037 (9/96)