


FILE NOW: FILING FEE IS \$61.25

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Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90015 037 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 768981

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 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/17/1983
21	26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-2324875
22	27	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	
Zip Country	Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29
		30

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 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, JOSEPH	1.2 NAME	
STREET ADDRESS	8336 WATERLINE DRIVE #104	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, ELLIS	2.2 NAME	
STREET ADDRESS	8246 MOORING CR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESSLER, STANLEY	3.2 NAME	
STREET ADDRESS	7940 DORCHESTER RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLANZBERGH, AUDREY	4.2 NAME	
STREET ADDRESS	5514 PARKWALK CR E	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH. FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: [Signature] DATE: 3/29/99 SIGNATURE REQUIRED: _____ DAYTIME PHONE #: 561-794-8172

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