

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91770 042 ****61.25

DOCUMENT # 768981

1. Entity Name

ABERDEEN PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business C/O CAMPBELL PROPERTY MANAGEMENT 3918 VIA POINCIANA STE 9 LAKE WORTH FL 33467 US	Mailing Address C/O CAMPBELL PROPERTY MANAGEMENT 3918 VIA POINCIANA STE 9 LAKE WORTH FL 33467 US
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BULLDOZ



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2324875		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ST. JOHN, DICKER, CAPLAN, KRIVOK & CORE, PA
500 AUSTRALIAN AVE. SOUTH
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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	TD FUCHS, MICHAEL	8482 ARYSHIRE CT	BOYNTON BEACH FL 33437	VD			
	VD FISS, SALLY	8860 SHOAL CREEK LANE	BOYNTON BEACH FL	TD	Herbert Roiff	7290 LeChalet Blvd	Boynton Beach, FL 33437
	PD KESSLER, STANLEY	7940 DORCHESTER RD.	BOYNTON BEACH FL 33437				
	SD ZOBAL, DORIS	5915 PARKWALK CIR WEST	BOYNTON BEACH FL 33437	SD	Robert Eckstein	5863 Parkwalk Cir W	Boynton Beach, 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 REQUIRED* **4/26/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)