


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90081 025 \*\*\*\*61.25

**DOCUMENT # 768981**  
 1. Entity Name  
**ABERDEEN PROPERTY OWNERS ASSOCIATION, INC.**




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

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

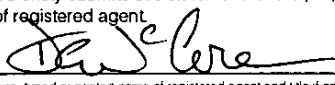
Zip Country Zip Country



1st MOORE CR2E037 (10/04)  
 4. FEI Number **59-2324875** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent  
**ST. JOHN, CORE, FIORE & LEMME, PA**  
**1601 FORUM PLACE**  
**SUITE 701**  
**WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent  
 Name **St. John, Core & Lemme, PA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1601 Forum Place**  
**Suite 701**  
 City **West Palm Beach** **FL** Zip Code **33401**

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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE  **David A. Core, Secretary** **3-14-05**  
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**  
**Due By May 1, 2005**

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	FUCHS, MICHAEL	
STREET ADDRESS	8482 ARYSHIRE CT	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROIFF, HERBERT	
STREET ADDRESS	7290 LECHALET BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SHILLING, JACK	
STREET ADDRESS	7371 HEARTHSTONE AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ECKSTEIN, ROBERT	
STREET ADDRESS	5863 PARKWALK CIRCLE W.	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William White Law	
STREET ADDRESS	7146 LeChalet Blvd.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANAN FELTZ	
STREET ADDRESS	6811 Fairway Lakes Dr.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN GELERMAN	
STREET ADDRESS	7971 ROCKFORD Rd.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **3/14/05** **561 389-5883**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #