

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90195 008 ****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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2. Principal Place of Business - No P.O. Box #		3. Mailing Address		01052007	Chg-NP	CR2E037 (12/06)
Suite, Apt. #, etc		Suite, Apt. #, etc		4. FEI Number 59-2324875		Applied For Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ST. JOHN, CORE & LEMME, PA. 1601 FORUM PLACE SUITE 701 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature (Typed or Printed Name of Registered Agent) and Title (Applicable) NOTE: Registered Agent signature required when registering. DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
 Travel and Contribution \$5.00 May Be Added to Fees

Make check payable to
 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITELAW, WILLIAM		NAME	Rosoff, Myrna	
STREET ADDRESS	7146 LECHALET BLVD		STREET ADDRESS	7019 Bitter Bush Dr.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	Boynton Bch FL 33437	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELERMAN, MARTIN		NAME		
STREET ADDRESS	7971 ROCKFORD RD		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECKSTEIN, ROBERT		NAME		
STREET ADDRESS	5863 PARKWALK CIRCLE W.		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISSMAN, MARTIN		NAME		
STREET ADDRESS	6991 FAIRWAY LAKES DR		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/07
 DATING PHONE #