FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996 4-1996 B- 4022 C

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05025 (4)

1. Corporation Name

THE MOORINGS AT ABERDEEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% C.M.D. PROPERTY MANAGEMENT 3082 JOG ROAD LAKE WORTH FL 33467-2053	% C.M.D. PROPERTY MANAGEMENT 3082 JOG ROAD LAKE WORTH FL 33467-2053

3. Date Incorporated or Qualified: 09/06/1984

3a. Date of Last Report: 04/27/1995

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: 59-2789434 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ROSENTHAL, DAVID C.
CMD MANAGEMENT INC
3082 JOG ROAD
LAKE WORTH FL 33463

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when filing.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	11 TITLE	PD	☒ Change ☐ Addition
NAME	SUGARMAN, SAMUEL		12 NAME	Levine, Ellis	
STREET ADDRESS	8197 WATERLINE DRIVE		13 STREET ADDRESS	8246 Mooring Circle	
CITY-ST-ZIP	BOYNTON BEACH FL		14 CITY-ST-ZIP	Boynton Beach, FL	
TITLE	SD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	FRIED, CYNTHIA		22 NAME		
STREET ADDRESS	8447 MOORING CIR		23 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	FISCHER, EUGENE		32 NAME		
STREET ADDRESS	8205 WATERLINE DR		33 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH FL		34 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	41 TITLE	TD	☒ Change ☐ Addition
NAME	LEVINE, ELLIS		42 NAME	Silverstein , Evelyn	
STREET ADDRESS	8246 MOORINGS CIR.		43 STREET ADDRESS	8246 Mooring Circle	
CITY-ST-ZIP	BOYNTON BEACH FL		44 CITY-ST-ZIP	Boynton Beach, FL	
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	SILVERSTEIN, EVELYN		52 NAME		
STREET ADDRESS	8209 WATERLINE DR.		53 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL		54 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	HEITMAN, BERNARD		62 NAME		
STREET ADDRESS	8362 MOORING CIR		63 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH FL		64 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Ellis Levine ELLIS LEVINE APRIL 11, 1996 736-9232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #