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Apr 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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
04/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/1/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LEVINE, ELLIS
STREET ADDRESS 8246 MOORING CIR
CITY-ST-ZIP BOYNTON BCH FL

1.1 TITLE D
1.2 NAME Celine Asch
1.3 STREET ADDRESS 8272 Waterline Drive
1.4 CITY-ST-ZIP Boynton Beach, FL 33437

TITLE SD
NAME FRIED, CYNTHIA
STREET ADDRESS 8447 MOORING CIR
CITY-ST-ZIP BOYNTON BEACH FL

2.1 TITLE D
2.2 NAME Felix Fischler
2.3 STREET ADDRESS 8462 Mooring Circle
2.4 CITY-ST-ZIP Boynton Beach, FL 33437

TITLE D
NAME FISCHER, EUGENE
STREET ADDRESS 8205 WATERLINE DR
CITY-ST-ZIP BOYNTON BCH FL

3.1 TITLE D
3.2 NAME Harold Frishman
3.3 STREET ADDRESS 8366 Mooring Circle
3.4 CITY-ST-ZIP Boynton Beach, FL 33437

TITLE TD
NAME LEVINE, ELLIS
STREET ADDRESS 8246 MOORINGS CIR
CITY-ST-ZIP BOYNTON BEACH FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TD
NAME SILVERSTEIN, EVELYN
STREET ADDRESS 8209 WATERLINE DR.
CITY-ST-ZIP BOYNTON BEACH FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VD
NAME HEITMAN, BERNARD
STREET ADDRESS 8382 MOORING CIR
CITY-ST-ZIP BOYNTON BCH FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE ELLIS LEVINE 4/10/97 59-2789434-9232

CP2E037 (9/96)