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FILED

Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N05025** (4)
1. Corporation Name
THE MOORINGS AT ABERDEEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business % C.M.D. PROPERTY MANAGEMENT 3082 JOG ROAD LAKE WORTH FL 33467-2053	Mailing Address % C.M.D. PROPERTY MANAGEMENT 3082 JOG ROAD LAKE WORTH FL 33467-2053
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified

09/06/1984

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD TD	☐ DELETE
NAME	LEVINE, ELLIS	
STREET ADDRESS	8246 MOORING CIR	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	SD	☐ DELETE
NAME	FRIED, CYNTHIA	
STREET ADDRESS	8447 MOORING CIR	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	☒ DELETE
NAME	FISCHER, EUGENE	
STREET ADDRESS	8205 WATERLINE DR	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	PD	☐ DELETE
NAME	FRISHMAN, HAROLD	
STREET ADDRESS	8388 MOORING CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	☐ DELETE
NAME	SILVERSTEIN, EVELYN	
STREET ADDRESS	8209 WATERLINE DR.	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VD	☐ DELETE
NAME	HEITMAN, BERNARD	
STREET ADDRESS	8362 MOORING CIR	
CITY-ST-ZIP	BOYNTON BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	CELINE ASCH	
1.3 STREET ADDRESS	8272 WATERLINE DRIVE	
1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	JERRY MILLMAN	
2.3 STREET ADDRESS	8434 MOORING CIRCLE	
2.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	IRVING ALPERT	
3.3 STREET ADDRESS	8343 MOORING CIRCLE	
3.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	FELIX FISCHLER	
4.3 STREET ADDRESS	8462 MOORING CIRCLE	
4.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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:

SIGNATURE REQUIRED

Ellis Levine

736-9232

CR2E037 (10/97)