2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2004 8:00 am
Secretary of State
05-07-2004 90119 017 ****61.25

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DOCUMENT # N05025

1. Entity Name

THE MOORINGS AT ABERDEEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% CASTLE MGMT INC 4450 W SUNRISE BV C100 PLANTATION FL 33313	% CASTLE MGMT INC PO BOX 189013 PLANTATION FL 33318

24072784

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent

CASTLE MANAGEMENT INC
4450 W SUNRISE BLVD
SUITE C-100
FORT LAUDERDALE FL 33313

7. Name and Address of New Registered Agent

Name: DAVID CORE, ESQ
Street Address (P.O. Box Number is Not Acceptable): ST. JOHN, CORE, ~~FIORE &~~ LEMME, P.A.
1601 FORUM PLACE, SUITE ~~400~~ 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: [signature] DAVID A. CORE, SECRETARY 4-28-2004
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, 2004

9. Election Campaign Financing Trust Fund 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALPERT, IRVING 8343 MOORING CR BOYNTON BCH FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCHECK, MARY 8430 MOORING CIRCLE BOYNTON BEACH FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LENTCHNER, HOWARD 8164 WATERLINE DR BOYNTON BCH FL 33437 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FISCHLER, FELIX 8462 MOORING CR BOYNTON BEACH FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SILVERSTEIN, EVELYN 8209 WATERLINE DR. BOYNTON BEACH FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HEITMAN, BERNARD 8362 MOORING CIR BOYNTON BCH FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] IRVING ALPERT, PRES 4/19/04 561 737 764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #