Moorings at Aberdee

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State
05-06-2005 90088 026 ****61.25

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

03082005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
C/O CASTLE GROUP	C/O CASTLE GROUP
Suite, Apt. #, etc. 5850 W. ATLANTIC AVE., STE. 106	Suite, Apt. #, etc. 5850 W. ATLANTIC AVE., STE 106
City & State DELRAY BEACH, FL	City & State DELRAY BEACH, FL
Zip: 33484 Country:	Zip: 33484 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

CORE, DAVID ESQ
ST. JOHN, CORE LEMME , P.A.
1601 FOURM PLACE, STE 701
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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	D WALLET, HARVEY 8181 WATERLINE DR BOYNTON BEACH, FL 33437	☒ 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	D ANTIS, CLIFF 8185 WATERLINE BOYNTON BEACH, FL 33437	☐ 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	D ROSENTHAL, LEONARD 8254 MOORINGS CR BOYNTON BEACH, FL 33437	☐ 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: _____ 4/30/05 561-733-7699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #