Moorings at Aberdeen Homeowners Association, Inc., The

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2006 8:00 am
Secretary of State
06-07-2006 90003 005 ****61.25

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1. Entity Name
THE MOORINGS AT ABERDEEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% CASTLE GROUP 5850 W ATLANTIC AVE, STE 106 DELRAY BEACH, FL 33484	% CASTLE GROUP 5850 W ATLANTIC AVE, STE 106 DELRAY BEACH, FL 33484

2. Principal Place of Business	3. Mailing Address
C/O CASTLE GROUP	C/O CASTLE GROUP
Suite, Apt. #, etc. 15200 JOG ROAD, SUITE 205	Suite, Apt. #, etc. 15200 JOG ROAD, SUITE 205
City & State DELRAY BEACH, FL	City & State DELRAY BEACH, FL
Zip 33446 Country	Zip 33446 Country

4005400

04152006 Chg-NP CR2E037 (11/05)

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	7. Name and Address of New Registered Agent
CORE, DAVID ESQ ST. JOHN, CORE LEMME , P.A. 1601 FOURM PLACE, STE 701 WEST PALM BEACH, FL 33401	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, 2006

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	PD HALLEY, LEWIS 8390 MOORING CIRCLE BOYNTON BEACH, FL 33437	☐ 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	.VPD STEINDLER, EDITH 8178 MOORING CIRCLE BOYNTON BEACH, FL 33437	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALLET, HARVEY 8181 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	SD KAHN, CHARLOTTE 8398 MOORING CIRCLE BOYNTON BEACH, FL 33437	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] LEWIS HALLEY PRESIDENT 5/17/06 561-752-1029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #