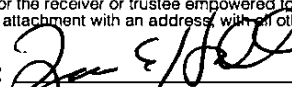


Mooring's at Aberdeen Homeowners Association, Inc., The

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2006 8:00 am
Secretary of State

06-07-2006 90003 005 ****61.25

DOCUMENT # N05025				06-07-2006 90003 005 ****61.25	
1. Entity Name THE MOORINGS AT ABERDEEN HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business % CASTLE GROUP 5850 W ATLANTIC AVE, STE 106 DELRAY BEACH, FL 33484		Mailing Address % CASTLE GROUP 5850 W ATLANTIC AVE, STE 106 DELRAY BEACH, FL 33484			
2. Principal Place of Business C/O CASTLE GROUP		3. Mailing Address 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			
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	PD	☒ Delete	TITLE	PD	☐ Change ☒ Addition
NAME	ALPERT, IRVING		NAME	HALLEY, LEWIS	
STREET ADDRESS	8343 MOORING CR		STREET ADDRESS	8390 MOORING CIRCLE	
CITY - ST - ZIP	BOYNTON BCH, FL		CITY - ST - ZIP	BOYNTON BEACH, FL 33437	
TITLE	SD	☒ Delete	TITLE	.VPD	☐ Change ☒ Addition
NAME	SCHECK, MARY		NAME	STEINDLER, EDITH	
STREET ADDRESS	8430 MOORING CIRCLE		STREET ADDRESS	8178 MOORING CIRCLE	
CITY - ST - ZIP	BOYNTON BEACH, FL		CITY - ST - ZIP	BOYNTON BEACH, FL 33437	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WALLET, HARVEY		NAME		
STREET ADDRESS	8181 WATERLINE DR		STREET ADDRESS		
CITY - ST - ZIP	BOYNTON BCH, FL 33437		CITY - ST - ZIP		
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FISCHLER, FELIX		NAME		
STREET ADDRESS	8462 MOORING CR		STREET ADDRESS		
CITY - ST - ZIP	BOYNTON BEACH, FL		CITY - ST - ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SILVERSTEIN, EVELYN		NAME		
STREET ADDRESS	8209 WATERLINE DR.		STREET ADDRESS		
CITY - ST - ZIP	BOYNTON BEACH, FL		CITY - ST - ZIP		
TITLE	VD	☒ Delete	TITLE	SD	☐ Change ☒ Addition
NAME	HEITMAN, BERNARD		NAME	KAHN, CHARLOTTE	
STREET ADDRESS	8362 MOORING CIR		STREET ADDRESS	8398 MOORING CIRCLE	
CITY - ST - ZIP	BOYNTON BCH, FL		CITY - ST - ZIP	BOYNTON BEACH, FL 33437	
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 an other like empowered.					
SIGNATURE:  LEWIS HALLEY PRESIDENT 5/17/06 321-752-1029					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					