

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90037 011 ****61.25

DOCUMENT # N05025

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



Principal Place of Business
**G.R.S. MANAGEMENT ASSOCIATES INC
3900 WOODLAKE BLVD SUITE 309
LAKE WORTH, FL 33463**

Mailing Address
**G.R.S. MANAGEMENT ASSOCIATES INC
3900 WOODLAKE BLVD SUITE 309
LAKE WORTH, FL 33463**

400000000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03252008 Chg-NP CR2E037 (12/06)

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, 2008**

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

TITLE PD ☒ Delete
NAME HALLEY, LEWIS
STREET ADDRESS 8390 MOORING CIRCLE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE VPD ☐ Delete
NAME STEINDLER, EDITH
STREET ADDRESS 8178 MOORING CIRCLE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE D ☐ Delete
NAME WALLET, HARVEY
STREET ADDRESS 8181 WATERLINE DR
CITY-ST-ZIP BOYNTON BCH, FL 33437

TITLE TD ☐ Delete
NAME MCDERMOTT, ARTHUR
STREET ADDRESS 8265 WATERLINE DR
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE D ☒ Delete
NAME SILVERSTEIN, EVELYN
STREET ADDRESS 8209 WATERLINE DR.
CITY-ST-ZIP BOYNTON BEACH, FL

TITLE SD ☐ Delete
NAME KHAN, CHARLOTTE
STREET ADDRESS 8398 MOORING CIRCLE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☐ Change ☒ Addition
NAME RITA WOLFE
STREET ADDRESS 8378 MOORING CIRCLE
CITY-ST-ZIP BOYNTON BEACH FL 33472

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS BOYNTON BEACH FL 33472
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME JANE HALLEY
STREET ADDRESS 8390 Mooring Circle
CITY-ST-ZIP BOYNTON Bch, FL 33472

TITLE D ☐ Change ☒ Addition
NAME CLIFF ANTI
STREET ADDRESS 8185 WATERLINE DR
CITY-ST-ZIP BOYNTON Bch, FL 33472

TITLE D ☐ Change ☒ Addition
NAME MARY SCHECK
STREET ADDRESS 8430 MOORING CIR
CITY-ST-ZIP BOYNTON BEACH FL 33472

TITLE D ☐ Change ☒ Addition
NAME Emily Campito
STREET ADDRESS 8226 Mooring Cir
CITY-ST-ZIP BOYNTON Bch, FL 33472

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/08

Date

5613649080

Daytime Phone