

FILE NOW: FILING FEE IS \$61.25

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**Mar 26 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N14025 (3)
 1. Corporation Name
ABERDEEN GOLF & COUNTRY CLUB, INC.



Principal Place of Business 8251 ABERDEEN DR. BOYNTON BEACH FL 33437 US	Mailing Address 8251 ABERDEEN DR BOYNTON BE 33437 US
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3. Date Incorporated or Qualified 03/26/1986		
4. FEI Number 59-2666160	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

~~ALEXANDER, LARRY B.~~
~~606 SOUTH FLAGLER DRIVE~~
~~SUITE 1100~~
~~WEST PALM BEACH FL 33402-3475~~

10. Name and Address of New Registered Agent

81 Name *David Core*
 82 Street Address (P.O. Box Number is Not Acceptable)
500 Australian Ave, Ste. # 600
 83
 84 City *W. Palm beach* FL 85 Zip Code *33401*

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *David A. Core* DAVID A. CORE, ATTORNEY *March 13, 1998*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GREER, AUSTIN	
STREET ADDRESS	8134 CASSIA DR	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SIMON, RAY	
STREET ADDRESS	8294 HORSESHOE	
CITY-ST-ZIP	BOYNTON BE	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WORTMAN, MAXWELL	
STREET ADDRESS	7315 LE CHALET BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ROSOFF, MYRNA	
STREET ADDRESS	7019 BITTERBUSH PLACE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	MD	<input checked="" type="checkbox"/> DELETE
NAME	KINKLE, AL	
STREET ADDRESS	8251 ABERDEEN DR	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ELSNER, JEFFRY	
STREET ADDRESS	4965 LE CHALET BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	A MARTIN MOGLAND
1.3 STREET ADDRESS	6932 BITTERBUSH PLACE
1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	B LESTER ALTMAN
2.3 STREET ADDRESS	7301 HEARTHSTONE AVENUE
2.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TD JACK F. GREER
3.3 STREET ADDRESS	8378 Horseshoe Bay Road
3.4 CITY-ST-ZIP	Boynton Beach
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SD Bernard Hollander
4.3 STREET ADDRESS	7668 Dorchester Rd.
4.4 CITY-ST-ZIP	Boynton Beach
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robin Morrison* Controller *1/26/98* *561-733-4903*

CR2E037 (10/97)