

FILE NOW: FILING FEE IS \$61.25

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Mar 26 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N14025 (3)**

1. Corporation Name

**ABERDEEN GOLF & COUNTRY CLUB, INC.**



Principal Place of Business	Mailing Address
8251 ABERDEEN DR. BOYNTON BEACH FL 33437 US	8251 ABERDEEN DR BOYNTON BE 33437 US

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

3. Date Incorporated or Qualified	03/26/1986
4. FEI Number	59-2666160
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

9. Name and Address of Current Registered Agent	
ALEXANDER, LARRY B. 506 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, if Not Applicable)	500 Australian Ave, Ste. #600
83	
84 City	W. Palm beach
85 Zip Code	FL 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 I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: David A. Core DAVID A. CORE, ATTORNEY March 13, 1998  
(NOTE: Registered Agent signature required when relistening)

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	MARTIN MUGLAND
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	LESTER MITCHELL
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	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	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 Maxwell Controller 1/26/98 561-733-4903

CR2E037 (10/97)