

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90065 012 ****61.25

DOCUMENT # N14025

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

03/26/1986

4. FEI Number

59-2666160

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

CORE, DAVID
500 AUSTRALIAN AVE
SUITE 600
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME GREER, AUSTIN
STREET ADDRESS 8134 CASSIA DR
CITY-ST-ZIP BOYNTON BEACH FL
☒ DELETETITLE V
NAME SIMON, RAY
STREET ADDRESS 8294 HORSESHOE
CITY-ST-ZIP BOYNTON BE
☐ DELETETITLE D
NAME MOGLAND, MARTIN
STREET ADDRESS 6932 BITTERBUSH PLACE
CITY-ST-ZIP BOYNTON BEACH FL 33437
☒ DELETETITLE D
NAME MITTLEMAN, LESTER
STREET ADDRESS 7301 HEARTHSTONE AVENUE
CITY-ST-ZIP BOYNTON BEACH FL 33437
☒ DELETETITLE TD
NAME GREER, JACK F.
STREET ADDRESS 8378 HORSESHOE BAY ROAD
CITY-ST-ZIP BOYNTON BEACH FL
☐ DELETETITLE SD
NAME HOLLANDER, BERNARD
STREET ADDRESS 7668 DERCHESTER ROAD
CITY-ST-ZIP BOYNTON BEACH FL
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President/Director
1.2 NAME Gloria Miller
1.3 STREET ADDRESS 7250 Hearthstone Lane
1.4 CITY-ST-ZIP Boynton Beach FL 33437
☒ Change ☐ Addition2.1 TITLE Director
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☒ Change ☐ Addition3.1 TITLE Secretary/Director
3.2 NAME Herb Kayne
3.3 STREET ADDRESS 8711 Rothbury Lane
3.4 CITY-ST-ZIP Boynton Beach FL 33437
☒ Change ☐ Addition4.1 TITLE Director
4.2 NAME Fred Fald
4.3 STREET ADDRESS 8230 Cassia Drive
4.4 CITY-ST-ZIP Boynton Beach, FL 33437
☒ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition6.1 TITLE President
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☒ Change ☐ Addition

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

004336