


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90302 019 ****70.00

DOCUMENT # N14025
 1. Entity Name
ABERDEEN GOLF & COUNTRY CLUB, INC.



Principal Place of Business 8251 ABERDEEN DR. BOYNTON BEACH, FL 33437 US	Mailing Address 8251 ABERDEEN DR BOYNTON BEACH, FL 33437 US
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94049232



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02022004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2666160	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GLICKMAN, LARRY
 SACHS, SAX AND KLEIN, P.A.
 NORTHERN TRUST PLAZA STE 4150
 BOCA RATON, FL 33481

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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 Larry Glickman DATE 3/23/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALAN, EDWARD Golden, Samuel 7870 BOSTON RD 6917 Southport Drive BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BS BODERMAN, ELAINE 8836 SHOAL CREEK LANE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RT RITCHIE, RICHARD 8234 HOUSESHOE BAY ROAD BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELDMAN, BURT 8118 MIMOSA PLACE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SATIN, MARVIN 8484 JUDDITH AVE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMON, RAY Heller, Edward 8234 HOUSESHOE BAY RD. 7295 Southport Drive BOYNTON BEACH, FL 33437

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12. 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 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: Edward Heller DATE 3/24/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #