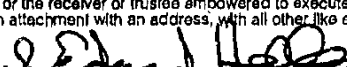


01-18-2005 90042 016 ****70.00

DOCUMENT # N14025 1. ABERDEEN GOLF & COUNTRY CLUB, INC.			
8251 ABERDEEN DR. BOYNTON BEACH, FL 33437 US		8251 ABERDEEN DR BOYNTON BEACH, FL 33437 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GLICKMAN, LARRY SACHS, SAX AND KLEIN, P.A. NORTHERN TRUST PLAZA STE 4150 BOCA RATON, FL 33481			
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)			
Filing Fee is \$61.25 Due by May 1, 2005		9. ☐ \$5.00 May Be Added to Fees	
10. ☐ Make check payable to Florida Department of State			
10. ☐ Change ☐ Addition		11. ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDEN, SAMUEL 6917 SOUTHPORT DR. BOYNTON BEACH, FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BODERMAN, ELAINE 8836 SHOAL CREEK LANE BOYNTON BEACH, FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RITCHIE, RICHARD 8234 HOUSESHOE BAY ROAD BOYNTON BEACH, FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELDMAN, BURT 8118 MIMOSA PLACE BOYNTON BEACH, FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barry Wollison 8304 Waterline Drive #103 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HELLER, EDWARD 7295 SOUTHPORT DR. BOYNTON BEACH, FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: 		President 1/5/05 561-738-4903	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	