

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90039 001 ****70.00

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|--|--------------------------------|---|---|--|--|
| 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 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | Zip | |
| Country | | Country | | Country | |
| 4. FEI Number 59-2666100 65-0704698 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 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 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GOLDEN, SAMUEL | | NAME | | |
| STREET ADDRESS | 6917 SOUTHPORT DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33437 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BODERMAN, ELAINE | | NAME | | |
| STREET ADDRESS | 8836 SHOAL CREEK LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33437 | | CITY-ST-ZIP | | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | RITCHIE, RICHARD | | NAME | Wolberg, Lawrence | |
| STREET ADDRESS | 8234 HOUSESHOE BAY ROAD | | STREET ADDRESS | 7188 Southport Drive | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33437 | | CITY-ST-ZIP | Boynton Bch, FL 33437 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WOLLISON, BARRY | | NAME | | |
| STREET ADDRESS | 8304 WATERLINE DR # 103 | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33437 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SATIN, MARVIN | | NAME | | |
| STREET ADDRESS | 8484 JUDDITH AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33437 | | CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HELLER, EDWARD | | NAME | | |
| STREET ADDRESS | 7295 SOUTHPORT DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33437 | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Lawrence M. Wolberg</i> | | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | |
| <i>Lawrence M. Wolberg</i> | | | Lawrence M. WOLBERG | | |
| <i>3/13/06</i> | | | 3/13/06 | | |
| <i>567-738</i> | | | 567-738 | | |
| <i>4903</i> | | | 4903 | | |
| <i>Treasurer</i> | | | Treasurer | | |