

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90025 014 \*\*\*\*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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03072008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0704698**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRIVOK, JAMES N ESQ.  
DICKER, KRIVOK & STOLOFF, P.A.  
1818 AUSTRALIAN AVE S STE 400  
WEST PALM BEACH, FL 33409**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
NOVEMBER, DAVID  
8718 ROTHBURG LN  
BOYNTON BEACH, FL 33437** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
JAMES DORGAN  
7764 DORCHESTER  
BOYNTON BEACH, FL 33472** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
PAGLIARINI, JOHN  
8230 CASSIE DRIVE  
BOYNTON BEACH, FL 33437** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ALAN FELLER  
6811 FAIRWAY LAKES DR.  
BOYNTON BEACH, FL 33472** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
WOLBERG, LAWRENCE  
7188 SOUTH PORT DR  
BOYNTON BEACH, FL 33437** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ARLENE SOLOMON  
8210 HORSESHOE BAY ROAD  
BOYNTON BEACH, FL 33472** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WOLLISON, BARRY  
8304 WATERLINE DR # 103  
BOYNTON BEACH, FL 33437** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
LEVINE, JAY  
7265 SOUTHPORT DR  
BOYNTON BEACH, FL 33437** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
FRANCES, PECK  
7438 LIVERPOOL CT  
BOYNTON BEACH, FL 33437** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:** *Lawrence M. Wolberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/24/2008 (561) 738-4903**  
Date Daytime Phone #