


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90139 025 ****70.00

0039118

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-2666160**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$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**

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

FILE NOW: FEE IS \$61.25

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

TITLE	T	<input type="checkbox"/> Delete
NAME	ALAN, EDWARD	
STREET ADDRESS	7676 DORCHESTER RD	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	BODERMAN, ELAINE	
STREET ADDRESS	8836 SHOAL CREEK LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	RITCHIE, RICHARD	
STREET ADDRESS	8234 HOUSESHOE BAY ROAD	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	FELDMAN, BURT	
STREET ADDRESS	8118 MIMOSA PLACE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SATIN, MARVIN	
STREET ADDRESS	8484 JUDDITH AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	P	<input type="checkbox"/> Delete
NAME	SIMON, RAY	
STREET ADDRESS	8294 HORSEHOE BAY RD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wolfson, Alfred	
STREET ADDRESS	6991 Cairnwood Drive	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Comer, Donald	
STREET ADDRESS	7223 Ashford Lane	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosoff, Myrna	
STREET ADDRESS	7019 Bitterbush Place	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Raymond Simon* **Raymond Simon, President** 561-364-4326 1/23/03

CR2E037 (10/02)