



# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
08 OCT -9 PM 3: 04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N27687</b> 1. Entity Name <b>MUIRHEAD ESTATES AT ABERDEEN HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>8694 INDIAN RIVER RUN BOYNTON BEACH, FL 33437</b>			Mailing Address <b>8694 INDIAN RIVER RUN BOYNTON BEACH, FL 33437</b>		
2. Principal Place of Business - No P.O. Box # <i>ASSOCIATED PROPERTY MGMT</i> Suite, Apt. #, etc. <b>1928 LAKE WORTH RD.</b> City & State <b>LAKE WORTH FL</b> Zip <b>33461</b> Country <b>USA</b>		3. Mailing Address <i>ASSOCIATED PROPERTY MGMT</i> Suite, Apt. #, etc. <b>1928 LAKE WORTH RD.</b> City & State <b>LAKE WORTH FL</b> Zip <b>33461</b> Country <b>USA</b>			
4. FEI Number <b>65-0132066</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required.	
6. Name and Address of Current Registered Agent  <b>ASSOCIATION MANAGEMENT SERVICES 8694 INDIAN RIVER RUN BOYNTON BEACH, FL 33437</b>			7. Name and Address of New Registered Agent Name <b>DICKER, KRIVOK &amp; STOLOFF, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1818 AUSTRALIAN AVE. SO. #400</b> City <b>WEST PALM BEACH</b> FL Zip Code <b>33409</b>		
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 <i>[Signature]</i> <b>SCOTT A. SWAN E-20</b> DATE <b>9-29-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
NAME	KOLIN, JACK		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	8271 MUIRHEAD CIR		NAME	<b>600136819726</b>	
CITY-ST-ZIP	BOYNTON BEACH, FL		STREET ADDRESS	<b>10/10/08--01038--018 **61.25</b>	
			CITY-ST-ZIP	<b>33472</b>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FREED, DEBRA		NAME		
STREET ADDRESS	8301 MUIRHEAD CIR		STREET ADDRESS	<b>33472</b>	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
TITLE	TS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHILLIPS, HOWARD		NAME		
STREET ADDRESS	8196 MUIRHEAD CIRCLE		STREET ADDRESS	<b>33472</b>	
CITY-ST-ZIP	BOYNTON BEACH, FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLEIN, MYRON		NAME		
STREET ADDRESS	8161 MUIRHEAD CIRCLE		STREET ADDRESS	<b>33472</b>	
CITY-ST-ZIP	BOYNTON BEACH, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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>Howard Phillips</i>		SIGNATURE: <i>HOWARD PHILLIPS</i>		DATE: <b>9/18/08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAYTIME PHONE: <b>5613749736</b>	

m info