

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27687

FILED
Mar 24, 2009
Secretary of State

Entity Name: MUIRHEAD ESTATES AT ABERDEEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

ASSOCIATED PROPERTY MGMT
1928 LAKE WORTH ROAD
LAKE WORTH, FL 33461 US

New Principal Place of Business:

Current Mailing Address:

ASSOCIATED PROPERTY MGMT
1928 LAKE WORTH ROAD
LAKE WORTH, FL 33461 US

New Mailing Address:

FEI Number: 65-0132066 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKER, KRIVOK & STOLOFF, P.A.
1818 AUSTRALIAN AVENUE SOUTH
400
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KOLIN, JACK
Address: 8271 MUIRHEAD CIR
City-St-Zip: BOYNTON BEACH, FL 33472

Title: SD () Delete
Name: FREED, DEBRA
Address: 8301 MUIRHEAD CIR
City-St-Zip: BOYNTON BEACH, FL 33472

Title: TS () Delete
Name: PHILLIPS, HOWARD
Address: 8196 MUIRHEAD CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33472

Title: PD () Delete
Name: KLEIN, MYRON
Address: 8161 MUIRHEAD CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GABLE, BRUCE P
Address: 8061 MUIRHEAD CIR
City-St-Zip: BOYNTON BEACH, FL 33472

Title: V (X) Change () Addition
Name: KLEIN, MYRON V
Address: 8161 DESMOND DR
City-St-Zip: BOYNTON BEACH, FL 33472

Title: S (X) Change () Addition
Name: FREED, DEBRA S
Address: 8301 MUIRHEAD CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33472

Title: T (X) Change () Addition
Name: PHILLIPS, HOWARD T
Address: 8196 MUIRHEAD CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33472

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MATH, APM

AGT

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date