

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90132 049 \*\*\*\*61.25

<b>DOCUMENT #N39491</b>					
<b>1. Entity Name</b> ASHFORD AT ABERDEEN ASSOCIATION, INC.					
<b>Principal Place of Business</b> 951 BROKEN SOUND PKWY. #250 BOCA RATON, FL 33487			<b>Mailing Address</b> 951 BROKEN SOUND PKWY. #250 BOCA RATON, FL 33487		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0249723	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  COMMUNITY ASSOCIATION SERVICES INC. 951 BROKEN SOUND PKWY, SUITE 250 BOCA RATON, FL 33487			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when registering)					
Filing Fee is \$61.25 Due by May 1, 2007		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROSENBLUM, SANFORD 7064 ASHFORD LN BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GINSBURG, TED 7048 ASHFORD LANE BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARKER, ROBERT 7111 ASHFORD LANE BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEIDMAN, STANLEY 7103 ASHFORD LANE BOYNTON BCH, FL 33437	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>See List Attached</i>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b> <i>Robert Parker</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

ATTACHMENT

40045473  
#1139491  
ASHFORD AT ABERDEEN ASSOCIATION, INC.  
BOARD OF DIRECTORS

NAME/ADDRESS

Robert Parker                      President  
c/o CAS  
951 Broken Sound Pkwy. #250  
Boca Raton, FL 33483

Sanford Rosenblum      Vice President  
c/o CAS  
951 Broken Sound Pkwy. #250  
Boca Raton, FL 33483

Ted Ginsburg                      Treasurer  
c/o CAS  
951 Broken Sound Pkwy. #250  
Boca Raton, FL 33483

Stanley Seidman              Secretary  
7103 Ashford Lane  
Boynton Beach, FL 33437

Jerry Seerman -              Director  
c/o CAS  
951 Broken Sound Pkwy. #250  
Boca Raton, FL 33483

Sid Halpern-                      Director  
c/o CAS  
951 Broken Sound Pkwy. #250  
Boca Raton, FL 33483

Howard Tuttmann,              Director  
c/o CAS  
951 Broken Sound Pkwy. #250  
Boca Raton, FL 33483