

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43305

FILED
Feb 23, 2010
Secretary of State

Entity Name: SHEFFIELD AT ABERDEEN 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: 65-0268634

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 AVE. SO. #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: P
Name: KRAWITZ, RUTH
Address: 7791 BRIDLINGTON DR
City-St-Zip: BOYNTON BEACH, FL 33472

Title: VP
Name: POLLOCK, TED
Address: 7711 BRIDLINGTON DR
City-St-Zip: BOYNTON BEACH, FL 33472

Title: S
Name: BERGER, STUART
Address: 7792 BRIDLINGTON DR.
City-St-Zip: BOYNTON BEACH, FL 33472

Title: T
Name: LAKIN, ISIDORE
Address: 7655 BRIDLINGTON DR.
City-St-Zip: BOYNTON BEACH, FL 33472

Title: D
Name: LEVITAN, MORTON
Address: 8515 ARYSHIRE CT
City-St-Zip: BOYNTON BEACH, FL 33472

Title: D
Name: TOBACK, STEPHEN
Address: 7696 BRIDLINGTON DR
City-St-Zip: BOYNTON BEACH, FL 33472

I hereby 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 all other like empowered.

SIGNATURE: JOHN MATH, APM

AGT

02/23/2010

Electronic Signature of Signing Officer or Director

_____ Date