
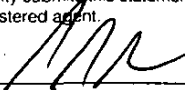
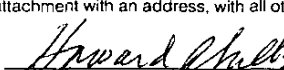


FILED
08 OCT -9 PM 2: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46240			
1. Entity Name ABERDEEN ESTATES ROAD ASSOCIATION, INC.			
Principal Place of Business 8694 INDIAN RIVER RUN BOYNTON BEACH, FL 33437 US		Mailing Address 8694 INDIAN RIVER RUN BOYNTON BEACH, FL 33437 US	
2. Principal Place of Business - No P.O. Box # 1928 Lake Worth Rd.		3. Mailing Address 1928 Lake Worth Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lake Worth, FL		City & State Lake Worth, FL	
Zip 33461	Country US	Zip 33461	Country US
6. Name and Address of Current Registered Agent ASSOCIATION MANAGEMENT GROUP 8694 INDIAN RIVER RUN BOYNTON BEACH, FL 33437		7. Name and Address of New Registered Agent Name Dicker, Krivok & Stoloff, P.A. Street Address (P.O. Box Number is Not Acceptable) 1818 Australian Ave. So., #400 City West Palm Beach FL Zip Code 33409	
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  Scott A. Stoloff, Esq. DATE 9-25-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROTH, LEWIS 7680 BRIDLINGTON DR BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300136819672 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10/10/08--01038--017 **\$61.25 33472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PHILLIPS, HOWARD 8196 MUIRHEAD CIR. BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SUTTENBERG, STEWART 7820 DORCHESTER ROAD BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAWITZ, RUTH 7791 BRIDLINGTON ROAD BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33472
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
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
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:  HOWARD PHILLIPS		DATE 9/18/08 DAYTIME PHONE # 5613749736	