

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N49950 (1)**
1. Corporation Name

LANCASTER LAKES AT ABERDEEN ASSOCIATION, INC.



Principal Place of Business: **4965 LE CHALET BLVD. BOYNTON BEACH FL 33437**
Mailing Address: **4965 LE CHALET BLVD. BOYNTON BEACH FL 33437**

3. Date Incorporated or Qualified: **07/20/1992**
3a. Date of Last Report: **04/21/1995**
4. FEI Number: **65-0355389**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

**BLACK CHARLES
4965 LE CHALET BLVD.
BOYNTON BEACH FL 33437**

10. Name and Address of New Registered Agent

81 Name: **Joel Messinger**
82 Street Address (P.O. Box Number is Not Acceptable): **951 Broken Sound Parkway**
83 Suite, Apt. #, etc.: **Suite 250**
84 City: **Boca Raton** FL 85 Zip: **33487**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]*, PRES. DATE: **4/19/96**

12. OFFICERS AND DIRECTORS

TITLE: PD	NAME: HAMMERSLEY, WILLIAM	DELETED: <input checked="" type="checkbox"/>
STREET ADDRESS: 4965 LE CHALET BLVD.	CITY-ST-ZIP: BOYNTON BEACH FL	
TITLE: VD	NAME: BLACK, CHARLES M.	DELETED: <input checked="" type="checkbox"/>
STREET ADDRESS: 4965 LE CHALET BLVD.	CITY-ST-ZIP: BOYNTON BEACH FL	
TITLE: STD	NAME: RIZZO DOMINIC	DELETED: <input checked="" type="checkbox"/>
STREET ADDRESS: 4965 LE CHALET BLVD.	CITY-ST-ZIP: BOYNTON BEACH FL	
TITLE:	NAME:	DELETED: <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	DELETED: <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	DELETED: <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: P/D	1.2 NAME: ELLIOT BARNETT	Change: <input checked="" type="checkbox"/> Addition: <input checked="" type="checkbox"/>
1.3 STREET ADDRESS: 4465 LE CHALET BLVD	1.4 CITY-ST-ZIP: BOYNTON BEACH FL	
2.1 TITLE: VP/D	2.2 NAME: MILTON CAROFF	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
2.3 STREET ADDRESS: 4465 LE CHALET BLVD	2.4 CITY-ST-ZIP: BOYNTON BEACH FL	
3.1 TITLE: VP/D	3.2 NAME: MARTIN ARONOFF	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
3.3 STREET ADDRESS: 4465 LE CHALET BLVD	3.4 CITY-ST-ZIP: BOYNTON BEACH, FL	
4.1 TITLE: S/D	4.2 NAME: JACQUELINE PEARLMAN	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
4.3 STREET ADDRESS: 4465 LE CHALET BLVD	4.4 CITY-ST-ZIP: BOYNTON BEACH, FL	
5.1 TITLE: T/D	5.2 NAME: HERB KLINGER	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
5.3 STREET ADDRESS: 4465 LE CHALET BLVD	5.4 CITY-ST-ZIP: BOYNTON BEACH, FL	
6.1 TITLE:	6.2 NAME:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4/26/96** DAYTIME PHONE #: **407-731-4267**

CR2E037 (12/95)