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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N49950**

1. Corporation Name
LANCASTER LAKES AT ABERDEEN ASSOCIATION, INC.

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

2. Principal Place of Business 21 951 Broken Sound Pkwy 22 Suite, Apt. #, etc. Suite #250 23 City & State Boca Raton, Florida 24 Zip 33487 25 Country USA	2a. Mailing Address 26 951 Broken Sound Pkwy 27 Suite, Apt. #, etc. Suite #250 28 City & State Boca Raton, Florida 29 Zip 33487 30 Country USA	3. Date Incorporated or Qualifed 07/20/1992 4. FEI Number 65-0355389 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MESSINGER, JOEL
951 BROKEN SOUND PKWY.
SUITE 250
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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, or 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ARONOFF, MARTIN		1.2 NAME		
STREET ADDRESS	8825 SHOAL CREEK LN		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33437		1.4 CITY-ST-ZIP		
TITLE	S/D	☐ DELETE	2.1 TITLE	S/D	☑ Change ☐ Addition
NAME	PEARLMAN, JACQUELINE		2.2 NAME	PEARLMAN, JACQUELINE	
STREET ADDRESS	4965 LE CHALET BLVD.		2.3 STREET ADDRESS	8772 Shoal Creek Lane	
CITY-ST-ZIP	BOYNTON BEACH FL		2.4 CITY-ST-ZIP	~~Boynton Beach, FL 33437~~	
TITLE	T/D	☐ DELETE	3.1 TITLE	T/D	☑ Change ☐ Addition
NAME	KLINGER, HERB		3.2 NAME	KLINGER, HERB	
STREET ADDRESS	4965 LE CHALET BLVD.		3.3 STREET ADDRESS	8912 Shoal Creek Lane	
CITY-ST-ZIP	BOYNTON BEACH FL		3.4 CITY-ST-ZIP	~~Boynton Beach, FL 33437~~	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	V/VP	☐ Change ☑ Addition
NAME			5.2 NAME	BODERMAN, ELAINE	
STREET ADDRESS			5.3 STREET ADDRESS	8836 Shoal Creek Lane	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: MARTIN ARONOFF PRESIDENT 3/30/99 (561) 736-3780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #