

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49950

1. Entity Name

LANCASTER LAKES AT ABERDEEN ASSOCIATION, INC.

Principal Place of Business

951 BROKEN SOUND PKY STE 250
BOCA RATON FL 33487

Mailing Address

951 BROKEN SOUND PKY STE 250
BOCA RATON FL 33487

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0355389

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARKS, HOWARD 8928 SHOAL CREEK LANE BOYNTON BEACH FL 33437	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BLANK, BETH 8800 SHOAL CREEK LANE BOYNTON BEACH FL 33437	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D KLINGER, HERB 8912 SHOAL CREEK LN BOYNTON BEACH FL 33437	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BODERMAN, ELAINE 8836 SHOAL CREEK LN BOYNTON BEACH FL 33437	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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:

Herb Klinger REHERBED KLINGER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 4, 2001 369-8136
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)