

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90085 009 ****61.25

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 - No P.O. Box # 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when restate) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FURMAN, AL 8876 SHOAL CREEK LANE BOYNTON BEACH, FL 33437	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KLINGER, HERB 8912 SHOAL CREEK LN BOYNTON-BEACH, FL 33437	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached Sheet	☐ Delete		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 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				3-16-07 561-994-1788	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

ATTACHMENT

40038618
#149950

Lancaster Lakes Board Members

Elaine Boderman c/o CAS 951 Broken Sound Parkway 250 Boca Raton, FL 33487	President
Ed Lewis c/o CAS 951 Broken Sound Parkway 250 Boca Raton, FL 33487	Director
Don Schwartz c/o CAS 951 Broken Sound Parkway 250 Boca Raton, FL 33487	Director
Al Furman c/o CAS 951 Broken Sound Parkway 250 Boca Raton, FL 33487	Vice President
Dan Geffen c/o CAS 951 Broken Sound Parkway 250 Boca Raton, FL 33487	Director
Herb Klinger c/o CAS 951 Broken Sound Parkway 250 Boca Raton, FL 33487	Treasurer
Marty Friedman c/o CAS 951 Broken Sound Parkway 250 Boca Raton, FL 33487	Director