
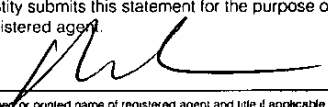
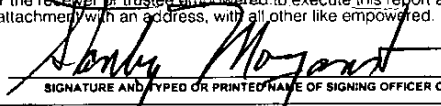


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90011 039 ****61.25

DOCUMENT # N49951 1. Entity Name ABERDEEN LAKES DRIVE ASSOCIATION, INC.					
Principal Place of Business 951 BROKEN SOUND PARKWAY SUITE 250 BOYNTON BEACH, FL 33487			Mailing Address 951 BROKEN SOUND PARKWAY SUITE 250 BOYNTON BEACH, FL 33487		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 65-0355391			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent COMMUNITY ASSOCIATION SERVICES, INC. 951 BROKEN SOUND PARKWAY SUITE 250 BOYNTON BEACH, FL 33487			7. Name and Address of New Registered Agent Name CAS REALTY LLC Street Address (P.O. Box Number is Not Acceptable) 1901 S. CONGRESS AVE STE 480 City BOYNTON BEACH FL Zip Code 33426		
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 1/25/08	
Filing Fee is \$61.25 Due by May 1, 2008		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	TD BIBCOFF, PHIL 7352 NORTH PORT DR. BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORGANSTEIN, STANLEY 7021 ROCKFORD ROAD BOYNTON BEACH, FL 33437
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NADEL, SYD 7765 ROCKFORD RD BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BODERNAN, ELAINE 8836 SHOAL CREEK LANE BOYNTON BEACH, FL 33472
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PILNICK, ROBERTA 7628 NORTHPORT DRIVE BOYNTON BEACH, FL 33472	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PILNICK, ROBERTA 7628 NORTHPORT DRIVE BOYNTON BEACH, FL 33472
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 1/30/08 Daytime Phone #	