

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-12-2006 90069 039 ****61.25

DOCUMENT # N93000005093																											
1. Entity Name BRITTANY LAKES AT ABERDEEN ASSOCIATION, INC.																											
Principal Place of Business 951 BROKEN SOUND PKWY. STE. 250 BOCA RATON, FL 33487		Mailing Address 951 BROKEN SOUND PKWY. STE. 250 BOCA RATON, FL 33487																									
2. Principal Place of Business C/O PHOENIX MGMT. Suite, Apt. #, etc. 3082 JOG ROAD		3. Mailing Address 3082 JOG ROAD Suite, Apt. #, etc.																									
City & State LAKE WORTH, FL		City & State LAKE WORTH, FL																									
Zip 33467		Zip 33467																									
4. FEI Number 65-0539631		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent COMMUNITY ASSOCIATION SERVICES, INC. -- 951 BROKEN SOUND PKWY. SUITE 250 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name: ROSENTHAL, DAVID C. Street Address (P.O. Box Number is Not Acceptable): PHOENIX MANAGEMENT 3082 JOG ROAD City: LAKE WORTH, FL Zip Code: 33467																									
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: Signature, typed or printed name of registered agent and title if applicable. DATE: 4/24/06																											
Filing Fee is \$61.25 Due by May 1, 2006		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																									
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR EUGENE J. MONACO		Date: 4/9/06 Daytime Phone #																									