FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001579 (1)

1. Corporation Name

STERLING LAKES ESTATES 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

3. Date Incorporated or Qualified: 03/29/1994
3a. Date of Last Report: 04/21/1995
4. FEI Number: 65-0539636 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

CARBONE, RAYMOND
4965 LE CHALET BLVD.
BOYNTON BEACH FL 33437

10. Name and Address of New Registered Agent

81 Name: COMMUNITY ASSOCIATION SERVICES, INC.
82 Street Address (P.O. Box Numbers Not Acceptable): 951 BROKER SOUND PARKWAY, SUITE 250
83: BOCA RATON, FLORIDA 33487
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 [signature] Pres. 4/19/96
Signature, type or print name and title of authorized officer (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HAMMERSLEY, WILLIAM 4965 LE CHALET BLVD. BOYNTON BEACH FL 33437	☑ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BLACK, CHARLES M 4965 LE CHALET BLVD. BOYNTON BEACH FL 33437	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVST RIZZO, DOMENIC 4965 LE CHALET BLVD. BOYNTON BEACH FL 33437	☑ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VPID NEIL EISNER 4965 LE CHALET BLVD BOYNTON BEACH, FL	☑ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PID Charles Black 4965 Le Chalet Blvd Boynton Bch., Fl 33437	☑ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SVPID RONALD YUTER 4965 LE CHALET BLVD BOYNTON BEACH, FL	☑ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	100001855991 -06/07/96--01073--009 ***61.25	☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #