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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001579

1. Corporation Name

**STERLING LAKES ESTATES AT ABERDEEN ASSOCIATION,
INC.**

Principal Place of Business

951 BROKEN SOUND PARKWAY
SUITE 250
BOCA RATON FL 33487
US

Mailing Address

951 BROKEN SOUND PARKWAY
SUITE 250
BOCA RATON FL 33487
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/29/1994

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

9. Name and Address of Current Registered Agent

**COMMUNITY ASSOCIATION SERVICES, INC.
951 BROKEN SOUND PKWY.
SUITE 250
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

81 Name

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

83

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **FORCE, ELIZABETH DR.**
STREET ADDRESS **7555 NORPORT DR.**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **VPD** ☒ DELETE
NAME **KAYNE, HERBERT**
STREET ADDRESS **8711 ROTHBURY LANE**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **SD** ☐ DELETE
NAME **FINKEL, JERALD**
STREET ADDRESS **7579 NORTHPORT DR.**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **TD** ☒ DELETE
NAME **ROSENTHAL, ROBERT**
STREET ADDRESS **7585 NORTHPORT DR.**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
P/D ☒ Change ☐ Addition
Jerald Finkel
7579 Northport Drive
Boynton Beach, FL 33437

VP/D ☐ Change ☒ Addition
Dick Leeds
7622 Northport Drive
Boynton Beach, FL 33437

S/D ☐ Change ☐ Addition
Bernie Waxenbaum
7574 Northport Drive
Boynton Beach, FL 33437

T/D ☐ Change ☐ Addition
Jerry Simelson
7549 Northport Drive
Boynton Beach, FL 33437

D ☐ Change ☐ Addition
Herman Bosboom
7586 Northport Drive
Boynton Beach, FL 33437

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/98

561-73

Date Daytime Phone #

CR2E037 (11/98)