2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001579

1. Entity Name

STERLING LAKES ESTATES AT ABERDEEN ASSOCIATION,

FILED
Apr 20, 2000 8:00 am
Secretary of State
04-20-2000 90015 033 ****61.25

Principal Place of Business	Mailing Address
951 BROKEN SOUND PARKWAY SUITE 250 BOCA RATON FL 33487 US	951 BROKEN SOUND PARKWAY SUITE 250 BOCA RATON FL 33487-3506 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0539636 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COMMUNITY ASSOCIATION SERVICES, INC. 951 BROKEN SOUND PKWY. SUITE 250 BOCA RATON FL 33487	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LEEDS, DICK 7622 NORTHPORT DR BOYNTON BEACH FL 33437	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Marsha Menahem 7531 Northport Drive Boynton Beach, FC 33437	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WAXENBAUM, BERNIE 7574 NORTHPORT DR BOYNTON BEACH FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FINKEL, JERALD 7579 NORTHPORT DR. BOYNTON BEACH FL 33437	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Bobbie Pilnick 7608 Northport Drive Boynton Beach, FC 33437	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SIMELSON, JERRY 7549 NORTHPORT DR BOYNTON BEACH FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOSBOOM, HERMAN 7586 NORTHPORT DR BOYNTON BEACH FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 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 REQUIRED 4/12/00 561-731-3941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #