

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90234 035 ****61.25

00000394

DOCUMENT # N94000001579

1. Entity Name

STERLING LAKES ESTATES AT ABERDEEN ASSOCIATION,

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

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	SD MENAHEM, MARSHA 7531 NORTHPORT DR BOYNTON BEACH FL 33437	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WAXENBAUM, BERNIE 7574 NORTHPORT DR BOYNTON BEACH FL 33437	☒ Delete
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 PILNICK, BOBBIE 7628 NORTHPORT DR BOYNTON BEACH FL 33437	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOSBOOM, HERMAN 7586 NORTHPORT DR BOYNTON BEACH FL 33437	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Jerry Simelson 7549 Northport Dr. Boynton Beach, FL 33437	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Phil Bibicoff 7532 Northport Dr. Boynton Beach, FL 33437	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lee Hyman 7610 Northport Dr. Boynton Beach, FL 33437	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER AND DIRECTOR

1/16/01

561-737-3941

Daytime Phone #

CR2E037 (10/00)