2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State
04-08-2004 90005 040 ****61.25

DOCUMENT # N94000001579

1. Entity Name
STERLING LAKES ESTATES AT ABERDEEN ASSOCIATION, INC.

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 US

03182004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
639 E. Ocean Ave	639 E. Ocean Ave
Suite, Apt. #, etc. #204	Suite, Apt. #, etc. #204
City & State: Boynton Beach, FL	City & State: Boynton Beach, FL
Zip: 33435 Country: US-A	Zip: 33435 Country: US-A

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

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

7. Name and Address of New Registered Agent

Name: Management Svcs of America
Street Address (P.O. Box Number is Not Acceptable): 639 E. Ocean Ave #204
City: Boynton Beach FL Zip Code: 33435

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: X Marsha Adler Marsha Adler 3/23/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MENAHEM, MARSHA 7531 NORTHPORT DR BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WAXENBAUM, BERNARD 7574 NORTHPORT DR BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BIBICOFF, PHIL 7532 NORTHPORT DR BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PILNICK, ROBERTA 7628 NORTHPORT DR BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HYMAN, LEE 7610 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

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: X Marsha Menahem 4/1/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #