2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State
05-02-2006 90214 017 ****61.25

DOCUMENT # N94000001579

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

60032960

Principal Place of Business	Mailing Address
639 EAST OCEAN AVE. BOYNTON BEACH, FL 33435 US	639 EAST OCEAN AVE. SUITE 250 BOYNTON BEACH, FL 33435 US

02072006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
8694 Indian River Run	8694 Indian River Run
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boynton Beach, FL	City & State: Boynton Beach, FL
Zip: 33437 Country: USA	Zip: 33437 Country: USA

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
MANAGEMENT SVCS OF AMERICA 639 EAST OCEAN AVE. BOYNTON BEACH, FL 33435	Name: Association Management Group Street Address (P.O. Box Number is Not Acceptable) 8694 Indian River Run City: Boynton Beach FL Zip Code: 33437

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: Marsha Allen 4/24/06
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, 2006

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 GOLDROSEN, SELENE 8729 ROTHLOVRY LANE BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Goldrosen SELMA 8729 Rothbury Lane Boynton Beach, FL 33437	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HYMAN, STANLEY 7555 NORTHPORT DRIVE BOYNTON BEACH, FL 33437	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Miller, Donald 7639 Northport Dr. Boynton Beach, FL 33437	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD 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	VD 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	T 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 exemptions contained in Chapter 119, 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: Phillip Bibicoff Phillip Bibicoff (561)737-1966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #