

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001579

FILED
Mar 06, 2009
Secretary of State

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

Current Principal Place of Business:

3900 WOODLAKE BLVD, STE 309
LAKE WORTH, FL 33463 US

New Principal Place of Business:

Current Mailing Address:

3900 WOODLAKE BLVD, STE 309
LAKE WORTH, FL 33463 US

New Mailing Address:

FEI Number: 65-0539636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASSOCIATION MANAGEMENT GROUP
8694 INDIAN RIVER RUN
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

GRS MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD
SUITE 309
LAKE WORTH, FL 33463 US

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: JOE GILBERT

03/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: GOLDROSEN, SELMA
Address: 8229 ROTHBURY LN.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: SD () Delete
Name: WAXENBAUM, BERNARD
Address: 7574 NORTHPORT DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: PD () Delete
Name: BIBICOFF, PHIL
Address: 7532 NORTHPORT DR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: HYMAN, LEE
Address: 7610 NORTHPORT DR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: TD () Delete
Name: HOWARD, ISAACS
Address: 7597 NORTHPORT DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHIL BIBICOFF

PRES

03/06/2009

Electronic Signature of Signing Officer or Director

Date