

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001603 (9)**

1. Corporation Name

ABERDEEN COMMERCIAL CENTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1500 CORPORATE WAY
#104
WELLINGTON FL 33414**

**1500 CORPORATE WAY
#104
WELLINGTON FL 33414**

3. Date Incorporated or Qualified

03/30/1994

4. FEI Number

65-0769175

Applied For

APPLIED FOR

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P.O. Box 19488**

22 City & State

27 **WEST PALM BEACH, FL.**

23 Zip Country

28 **33416-9488** **29** **PALM BEACH**

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARAMOUNT REAL ESTATE SERVICES, INC.
1500 CORPORATE CENTER WAY
SUITE 104
WELLINGTON FL 33414**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**PD
YUNES, HANK
1500 CORPORATE CENTER WAY., #104
WELLINGTON FL 33414**

1.1 TITLE ☒ Change ☐ Addition

**1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
1630 S. CONGRESS AVE, SUITE 300
PALMS SPRINGS, FL. 33437**

TITLE ☐ DELETE

**VD
SATTER, JONATHAN
1500 CORPORATE CENTER WAY., 3104
WELLINGTON FL 33414**

2.1 TITLE ☒ Change ☐ Addition

**2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
1630 S. CONGRESS AVE., SUITE 300
PALM SPRINGS, FL. 33437**

TITLE ☐ DELETE

**STD
DISALVO, PATRICK J
1200 CORPORATE CENTER WAY., #100
WELLINGTON FL 33414**

3.1 TITLE ☒ Change ☐ Addition

**3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
3801 PG-A Blvd, Suite 1000
Palm beach Gardens, FL 33410**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

6.1 TITLE ☐ Change ☐ Addition

**6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sandra B. Mortham

561-691-9900

CR2E037 (10/97)