FILE NOW: FILING FEE IS $61.25

FILED
May 04, 1999 8:00 am
Secretary of State
05-04-1999 90007 005 ****70.00

0042659

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000001603**

1. Corporation Name
ABERDEEN COMMERCIAL CENTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1500 CORPORATE WAY #104 WELLINGTON FL 33414	PO BOX 19488 #104 WEST PALM BEACH FL 33416 US

2. Principal Place of Business 21 1630 S. Congress Ave. Suite, Apt. #, etc. 22 #300 City & State 23 Palm Springs, FL Zip / Country 24 33461-2142 25 USA	2a. Mailing Address 26 1630 S. Congress Ave. Suite, Apt. #, etc. 27 300 City & State 28 Palm Springs, FL Zip / Country 29 33461-2142 30 USA	3. Date Incorporated or Qualifed 03/30/1994 4. FEI Number 65-0769175 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

PARAMOUNT REAL ESTATE SERVICES, INC.
1500 CORPORATE CENTER WAY
SUITE 104
WELLINGTON FL 3341

10. Name and Address of New Registered Agent

81 Name: Regserv Corp.
82 222 Lakeview Avenue
83 17th Floor
84 West Palm Beach 33401 Code

tutes, the above-named corporation submits this statement for the purpose of changing its registered s authorized by the corporation's board of directors. I hereby accept the appointment as registered Florida Statutes.

Regserv Corp.
By: [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

7/26/99
DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	YUNES, HANK		1.2 NAME	YUNES, HANK	
STREET ADDRESS	1650 S CONGRESS AVE, SUITE 300		1.3 STREET ADDRESS	1630 S CONGRESS AVE, #300	
CITY-ST-ZIP	PALMS SPRINGS FL 33437		1.4 CITY-ST-ZIP	PALM SPRINGS, FL 33437	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	SATTER, JONATHAN		2.2 NAME	Robert Hill	
STREET ADDRESS	1630 S CONGRESS AVE SUITE 300		2.3 STREET ADDRESS	1630 S. Congress Ave., #300	
CITY-ST-ZIP	PALM SPRINGS FL 33437		2.4 CITY-ST-ZIP	Palm Springs, FL 33461-2142	
TITLE	STD	☒ DELETE	3.1 TITLE	STD	☐ Change ☒ Addition
NAME	DISALVO, PATRICK J		3.2 NAME	Kate Corripio	
STREET ADDRESS	3801 PGA BLVD SUITE 1000		3.3 STREET ADDRESS	1630 S. Congress Ave., #300	
CITY-ST-ZIP	PALM BEACH GARDEN FL 33410		3.4. CITY-ST-ZIP	Palm Springs, FL 33461-2142	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/27/99 (561)967-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #