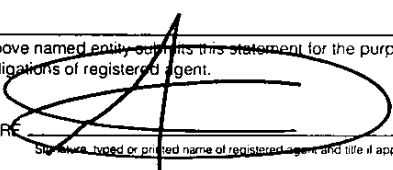


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90153 006 \*\*\*\*61.25

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # N95000003863</b><br>1. Entity Name<br><b>ASHFORD AT ABERDEEN MAINTENANCE ASSOCIATION, INC.</b>   |  |   |   |   |  |
| Principal Place of Business<br><b>2400 CENTREPARK W. DR.<br/>SUITE 175<br/>WEST PALM BEACH, FL 33409 US</b>  |  |   | Mailing Address<br><b>2400 CENTREPARK W. DR.<br/>SUITE 175<br/>WEST PALM BEACH, FL 33409 US</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>778 South Military Trail</b>  |  | 3. Mailing Address<br><b>PO Box 97-0069</b>   |   |  |  |
| Suite, Apt. #, etc.<br>  |  | Suite, Apt. #, etc.<br>   |   |  |  |
| City & State<br><b>Deerfield Beach FL</b>  |  | City & State<br><b>Boca Raton FL</b>  |   | 4. FEI Number<br><b>65-0609115</b>   |  |
| Zip<br><b>33442</b>  |  | Country<br><b>USA</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| Zip<br><b>33497-0069</b>   |  | Country<br><b>USA</b>   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CORNELL, ADRIAN PRES.<br/>6899 CAIRNWELL DRIVE<br/>BOYNTON BEACH, FL 33437</b>   |  |   |   | 7. Name and Address of Now Registered Agent<br>Name <b>GARY Palombi</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>778 South Military Trail</b><br>City <b>Deerfield Beach</b> <b>FL</b> Zip Code <b>33442</b> |  |
| 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  (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |   |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to<br/>Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PRES<br>CASELLI, ANTHONY<br>6902 SWANSEA LANE<br>BOYNTON BEACH, FL 33437 | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>MARSH, CAROL<br>6951 CAIRNWELL DR<br>BOYNTON BEACH, FL 33437        | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>ROSENBLUM, SANFORD<br>7064 ASHFORD LANE<br>BOYNTON BEACH, FL 33437  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ST<br>PARKER, ROBERT<br>7111 ASHFORD LANE<br>BOYNTON BEACH, FL 33437     | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | BM<br>ABERDEEN, G C<br>8251 ABERDEEN DR.<br>BOYNTON BEACH, FL 33437      | <input checked="" type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> 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. |  |   |   |  |  |
| <b>SIGNATURE:</b>   |  |   |   | Date <b>4/16/07</b> Daytime Phone # _____  |  |