

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003864 (4)

1. Corporation Name

ABERDEEN DRIVE MAINTENANCE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4965 LE CHALET BLVD.
BOYNTON BEACH FL 33437

4965 LE CHALET BLVD.
BOYNTON BEACH FL 33437

3. Date Incorporated or Qualified

08/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

05-040650

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UDC HOMES, INC.
4965 LE CHALET BLVD.
BOYNTON BEACH FL 33437

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 of record 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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent

DATE: Registered Agent signature required when reinstating

PRES.

4/14/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HAMMERSLEY, WILLIAM
STREET ADDRESS 4965 LE CHALET BLVD.
CITY-ST-ZIP BOYNTON BEACH FL 33437 ☒ DELETE

1.1 TITLE NP/D
1.2 NAME NEIL EISNER
1.3 STREET ADDRESS 4465 LECHALET BLVD
1.4 CITY-ST-ZIP BOYNTON BEACH, FL ☐ Change ☐ Addition

TITLE VD
NAME BLACK, CHARLES M
STREET ADDRESS 4965 LE CHALET BLVD.
CITY-ST-ZIP BOYNTON BEACH FL 33437 ☐ DELETE

2.1 TITLE PID
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VSTD
NAME LARSON, THOMAS
STREET ADDRESS 4965 LE CHALET BLVD.
CITY-ST-ZIP BOYNTON BEACH FL 33437 ☒ DELETE

3.1 TITLE S/T/D
3.2 NAME RONALD YUTER
3.3 STREET ADDRESS 4465 LE CHALET BLVD
3.4 CITY-ST-ZIP BOYNTON BEACH, FL ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)