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Apr 25 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33436-1405

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 951 Broken Sound Parkway Ste

22 City & State

27 250

23 Zip

Country

28 Boca Raton, FL

Country

24

25

29 33487

30

PB

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, 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 VPD ☐ DELETE

NAME EISNER, NEIL
STREET ADDRESS 4965 LE CHALET BLVD.
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE P/D ☐ DELETE

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

TITLE STD ☐ DELETE

NAME YUTER, RONALD
STREET ADDRESS 4965 LE CHALET BLVD.
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (9/96)