FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
98 APR 13 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000004479 (0)

1. Corporation Name
ABERDEEN PARCEL "O" HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
123 N.W. 13TH STREET SUITE 300 BOCA RATON FL 33432	123 N.W. 13TH STREET SUITE 300 BOCA RATON FL 33432

3. Date Incorporated or Qualified: 09/20/1995

4. FEI Number: 65-0696331 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

5. Certificate of Status Desired XX **$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 XX No

9. Name and Address of Current Registered Agent

SHAPIRO, DAVID ESQ.
123 N.W. 13TH STREET
SUITE 300
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name: Shapiro, David
82 Street Address (P.O. Box Number is Not Acceptable): 123 N.W. 13th Street
83: Suite 300
84 City: Boca Raton **FL** 85 Zip Code: 33432

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PILLEN, GREGORY A		1.2 NAME	400002488054--0
STREET ADDRESS	123 N.W. 13TH STREET, SUITE 300		1.3 STREET ADDRESS	-04/14/98--01047--007
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CITY-ST-ZIP	*****70.00 *****70.00
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ENGELSTEIN, HARRY		2.2 NAME	
STREET ADDRESS	123 N.W. 13TH STREET, SUITE 300		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GAUDET, LYNNE		3.2 NAME	
STREET ADDRESS	123 N.W. 13TH STREET, SUITE 300		3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432		3.4 CITY-ST-ZIP	
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	JS 4/13/98
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 (10/97)

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: _____ Vice President 561-391-4012