2000 UNIFORM BUSINESS REPORT (UBR)

DQCUMENT # N95000004479 1. Entity Name

ABERDEEN PARCEL "O" HOMEOWNERS ASSOCIATION, INC.

COMMUNITY ASSN. SVC. 951 BROKEN SOUND PARKWAY #250

Principal Place of Business

BOCA RATON FL 33487

Mailing Address

COMMUNITY ASSN. SVC. 951 BROKEN SOUND PARKWAY #250 BOCA RATON FL 33487-3506

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

FILED Apr 03, 2000 8:00 am Secretary of State

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2. Principal Place of Business			3. Mailing Address				T TO DELICO ALO EGIOLE DILLI BERKI ADDILI CARRI BERKI GOLIFI ARBRI BERKI FARKA KARK KODE					
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State		City & State	City & State			4. FEI Number 65-0696747				plied For t Applicable		
Zip	Country Zip Co			Country	5. Certificate of Status Desired \$8.75 Fee Req							
	6. Name	and Address of Current	Registered Agent			7. Name and Address of New Registered Agent						
				Name								
COMMUNITY ASSN. SVC. 951 BROKEN SOUND PARKWAY #250 BOCA RATON FL 33487				Street Address (P.O. Box Number is Not Acceptable) City Zip Code								
	,				0.13				FL			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Added to Fees Department of State												
10.	•	OFFICERS AND DI	EFCTORS		11.	ADDITIO	NS/CHANGES	S TO OFFICERS A	ND DIR	ECTORS IN	10	
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STREET ADDRESS		13TH STREET, SUITE	300		STREET ADDRESS	6276 L	ona Kei	ylane				
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12. 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 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.