

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

00-1120

DOCUMENT # N95000004479

1. Entity Name

ABERDEEN PARCEL "O" HOMEOWNERS ASSOCIATION, INC.

04-09-2001 90053 041 ****61.25

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0696747

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

ST. JOHN, DICKER, KRIVOK & CORE, P.A.
500 AUSTRALIAN AVENUE SOUTH
WEST PALM BEACH FL 33401

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICH, ARNOLD 6287 LONG KEY LANE BOYNTON BEACH FL 33437	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ARONOFF, HOWARD 6276 LONG KEY LANE BOYNTON BEACH FL 33437	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GORDON, CYNTHIA 6159 LONG KEY LANE BOYNTON BEACH FL 33437	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMPSON, JACK 6200 LONG KEY LANE BOYNTON BEACH FL 33437	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MORT SICKMAN 6207 Long Key Lane Boynton Bch, FL 33437	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David Lovitt 6255 Long Key Lane Boynton Bch, FL 33437	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/01

Date

561-369-1726

Daytime Phone #

CR2E037 (10/00)