

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90015 030 ****61.25

DOCUMENT # N95000004479

1. Entity Name

ABERDEEN PARCEL "O" HOMEOWNERS ASSOCIATION, INC.

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

Zip

Country

Zip

Country

4. FEI Number

65-0696747

Applied For

Not Applicable

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 **VPD** ☐ Delete
 NAME **SICKERMAN, MORT**
 STREET ADDRESS **6207 LONG EY LANE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **PD** ☐ Delete
 NAME **ARONOFF, HOWARD**
 STREET ADDRESS **6276 LONG KEY LANE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SD** ☐ Delete
 NAME **GORDON, CYNTHIA**
 STREET ADDRESS **6159 LONG KEY LANE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **TD** ☒ Delete
 NAME **THOMPSON, JACK**
 STREET ADDRESS **6200 LONG KEY LANE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ Change ☒ Addition
 NAME **Larry Grossman**
 STREET ADDRESS **6359 Long Key Lane**
 CITY-ST-ZIP **Boynton Beach, FL 33437**

TITLE **D** ☐ Delete
 NAME **LOVITZ, DAVID**
 STREET ADDRESS **6255 LONG KEY LANE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☒ Delete
 NAME **[Signature]**
 STREET ADDRESS **[Signature]**
 CITY-ST-ZIP **[Signature]**

TITLE ☐ Change ☒ Addition
 NAME **Richard Greenspan**
 STREET ADDRESS **6183 Long Key Lane**
 CITY-ST-ZIP **Boynton Beach, FL 33437**

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:

HOWARD ARONOFF
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/02 561 742 9301

CR2E037 (9/01)