2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State
05-05-2006 90156 019 ****61.25

DOCUMENT # N95000004479

1. Entity Name
ISLES OF ABERDEEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O CASTLE MANAGEMENT 5850 W. ATLANTIC AVE., STE. 106 DELRAY BEACH, FL 33484	C/O CASTLE GROUP 4450 WEST SUNRISE BLVD., SUITE C-100 PLANTATION, FL 33313

02/07/2006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Assoc. Management Group	Assoc. Management Group
Suite, Apt. #, etc. 8644 Indian River Run	Suite, Apt. #, etc. 8644 Indian River Run
City & State Boynton Beach FL	City & State Boynton Beach FL
Zip / Country USA	Zip / Country USA

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
KRIVOK, JAMES N 1818 AUSTRALIAN AVE SOUTH #400 WEST PALM BEACH, FL 33409	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SICKERMAN, MORT 6207 LONG EY LANE BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARONOFF, HOWARD 6276 LONG KEY LANE BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHUMER, JUNE 1235 LONGKEY BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GROSSMAN, LAWRENCE 6359 LONG KEY LANE BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOVIT, DAVID 6255 LONG KEY LANE BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GREENSPAN, RICHARD 6183 LONG KEY LANE BOYNTON BEACH, FL 33437	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Lee Fils 6259 Long Key Lane Boynton Beach FL 33437 ☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: David Lovit DAVID LOVIT 04-MY-06 561 364 4926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #