


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90095 015 ****61.25

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



Principal Place of Business
**ASSOC. MANAGEMENT GROUP
 8694 INDIAN RIVER RUN
 BOYNTON BEACH, FL 33437**

Mailing Address
**ASSOC. MANAGEMENT GROUP
 8694 INDIAN RIVER RUN
 BOYNTON BEACH, FL 33437**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

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

**KRIVOK, JAMES N
 1818 AUSTRALIAN AVE SOUTH #400
 WEST PALM BEACH, FL 33409**



01312007 Chg-NP CR2E037 (12/06)

7. Name and Address of New Registered Agent

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

Filing Fee is \$61.25 Due by May 1, 2007

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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	SICKERMAN, MORT	
STREET ADDRESS	6207 LONG EY LANE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARONOFF, HOWARD	
STREET ADDRESS	6276 LONG KEY LANE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHUMER, JUNE	
STREET ADDRESS	1235 LONGKEY	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LOVIT, DAVID	
STREET ADDRESS	6255 LONG KEY LANE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FILS, LEE	
STREET ADDRESS	6259 LONGKEY LANE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SICKERMAN, MORT	
STREET ADDRESS	6207 LONG KEY LANE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOROTHY ANDREWS	
STREET ADDRESS	6192 KEY LARGOLANE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYNA RICH	
STREET ADDRESS	6287 LONG KEY LANE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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** 3/9/07 561 964 4916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #