

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N95000004479

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



FILED  
2008 SEP 15 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9.16 34



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 #

3. Mailing Address

ASSOCIATED PROPERTY MGMT

ASSOCIATED PROPERTY MGMT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1928 LAKE WORTH RD.

1928 LAKE WORTH RD.

City & State

City & State

LAKE WORTH, FL

LAKE WORTH, FL

Zip

Country

Zip

Country

33461

USA

33461

USA

08042008

Chg-NP

CR2E037 (12/06)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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  
SANDBERG, ALAN  
6205 KEY LARGO LANE  
BOYNTON BEACH, FL 33472 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D GREENSPAN SANDRA  
6183 LONG KEY LN.  
BOYNTON BEACH, FL 33472 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
ANDREWS, DOROTHY  
6192 KEY LARGO LANE  
BOYNTON BEACH, FL 33472 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
RICH, MYNA  
6287 LONG KEY LANE  
BOYNTON BEACH, FL 33437 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200136102982  
09/18/08-01043-007 \*\*\*\$61.25 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
FILS, LEE  
6259 LONGKEY LANE  
BOYNTON BEACH, FL 33437 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/9/08