2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 20, 2009
Secretary of State

DOCUMENT# N95000004479

Entity Name: ISLES OF ABERDEEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH ROAD
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH ROAD
LAKE WORTH, FL 33461

New Mailing Address:

FEI Number: 65-0696747 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ANDREWS, DOROTHY P
Address: 6192 KEY LARGO LANE
City-St-Zip: BOYNTON BEACH, FL 33472

Title: V ( ) Delete
Name: SANDBERG, ALAN E V
Address: 6205 KEY LARGO LANE
City-St-Zip: BOYNTON BEACH, FL 33472

Title: S ( ) Delete
Name: FILS, LITA S
Address: 6259 LONG KEY LANE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: T ( ) Delete
Name: RICH, MYNA T
Address: 6287 LONG KEY LANE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D ( ) Delete
Name: TRAGER, EILEEN D
Address: 6209 KEY LARGO LANE
City-St-Zip: BOYNTON BEACH, FL 33472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: FOXMAN, HERB V
Address: 6239 LONG KEY LANE
City-St-Zip: BOYNTON BEACH, FL 33472

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MATH, APM AGT 05/20/2009

Electronic Signature of Signing Officer or Director — Date