

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004479

FILED
Mar 08, 2010
Secretary of State

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
Name: FILS, LITA (LEE)
Address: 6259 LONG KEY LANE
City-St-Zip: BOYNTON BEACH, FL 33472

Title: S
Name: GREENSPAN, SANDRA
Address: 6183 LONG KEY LANE
City-St-Zip: BOYNTON BEACH, FL 33472

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

Title: V
Name: FOXMAN, HERB
Address: 6239 LONG KEY LANE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D
Name: COOPER, STANLEY
Address: 8068 KEY WEST LANE
City-St-Zip: BOYNTON BEACH, FL 33472

I hereby 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 all other like empowered.

SIGNATURE: JOHN MATH, APM

AGT

03/08/2010

Electronic Signature of Signing Officer or Director

Date