2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9500004479

1. Entity Name

ABERDEEN PARCEL "O "HOMEOWNERS ASSOCIATION, INC.



Apr 09, 2003 8:00 am Secretary of State 04-09-2003 90186 037 ****61.25

FILED

Zip Country Zip Country 5. Cartificate of Status Desired		•							
Surie, Apt. #, etc. CHECK HERE IF MAKING CHANGES. City & State City & State City & State Country Zip Country S. Certificate of Status Desired S8.75 Additional Country Street Address (P.O. Box Number is Not Acceptable) S8.75 Additional Country Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zig Code	COMMUNITY ASSN. SVC. 951 BROKEN SOUND PARKWAY #250		COMMUNITY ASSN. SVC 951 BROKEN SOUND PA	COMMUNITY ASSN. SVC. 951 BROKEN SOUND PARKWAY #250		i lankisht did edk	I DUKI PRUK DRIH CRUK ARIK TOK		9:3 :9 :1 1 9: 1
City & State Ci	2. Principal P	Place of Business	3. Mailing Address						
Zip Country Zip Country 5. Cartificate of Status Desired	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. SIGNATURE SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. SIGNATURE SIGNATURE SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 16 SIGNATURE SIGNATORES SIGNATORES ONLY SIGNATORES SIGNATORES ONLY SIGNATORES SIGNATORES ONLY SIGNATORES SIGNATORES ONLY SIGNATORES ONLY SIGNATORES SIGNATORES ONLY	City & State	e	City & State	City & State		4. FE! Number 65-0696747			pplied For ot Applicable
ST. JOHN, DICKER, KRIVOK & CORE, P.A. 500 AUSTRALIAN AVENUE SOUTH WEST PALM BEACH FL 33401 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 the obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME SICKERMAN, MORT SIRET ADDRESS OUT-S1-2P BOYNTON BEACH FL 33437 TITLE PD ARONOFF, HOWARD SIRET ADDRESS OUT-S1-2P SIRET	Zip	Country	Zip	Country		5. Certificate of Sta		8.75 Ad	ditional
ST. JOHN, DICKER, KRIVOK & CORE, P.A. 500 AUSTRALIAN AVENUE SOUTH WEST PALM BEACH FL 33401 City FL Zig 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 the obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Added to Fees Florida Department of State of Flori		6. Name and Address of Curren	it Registered Agent			7. Name and Addr	ess of New Registered A	gent	
SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. City FL Zip Code				N	ame				
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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tall if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	500 AUSTRALIAN AVENUE SOUTH				Street Address (P.O. Box Number is Not Acceptable)				
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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when released agent and elie if applicable. DATE TILE					ity		FI	Zip Cod	le
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. SICKERMAN, MORT SIREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33437 TITLE ARONOFF, HOWARD SIREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33437 TITLE SD GORDON, CYNTHIA SIREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33437 TITLE SD GORDON, CYNTHIA SIREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33437 TITLE SD GORDON, CYNTHIA SIREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33437 TITLE SD GORDON, CYNTHIA SIREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33437 TITLE SD GORDON, CYNTHIA SIREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33437 TITLE SD GORDON, CYNTHIA SIREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33437 TITLE TO Delete TITLE TO Delete TITLE TO Delete TITLE STREET ADDRESS GTY-ST-ZIP BOYNTON BEACH FL 33437 TITLE TO Delete TITLE TO Delete TITLE NAME SIREET ADDRESS GTY-ST-ZIP BOYNTON BEACH FL 33437 TITLE TO Delete TITLE TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33437 TITLE TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP DO Change Chan	the obligati		for the purpose of changing i	ts registered o	ffice or register	red agent, or both, in t	ne State of Florida. I am fa	ımiliar with,	and accept
TITLE VPD	SIGNATURE .	Signature, typed or printed name of registered agen	nt and title if applicable. (NO	OTE: Registered Age	nt signature required	d when reinstating)	DATE		
TITLE NAME SICKERMAN, MORT SIRET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33437 TITLE NAME ARONOFF, HOWARD STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33437 TITLE NAME ARONOFF, HOWARD STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33437 TITLE SD GORDON, CYNTHIA GORDON, CYNTHIA STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33437 TITLE SD GORDON GEY LANE STREET ADDRESS CITY-ST-ZIP TITLE TD Delete TITLE NAME GROSSMAN, LARRY GROSSMAN, LARRY STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33437 TITLE NAME GROSSMAN, LARRY STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33437 TITLE NAME GROSSMAN, LARRY STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33437 TITLE D Change Cha	Ť,	FILE NOW: FEE IS \$61.25	• • • • • • • • • • • • • • • • • • •						
NAME STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33437 TITLE PD ARONOFF, HOWARD STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33437 TITLE NAME ARONOFF, HOWARD STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33437 TITLE SD SD STREET ADDRESS CITY-ST-ZIP TITLE TD Delete TITLE NAME GROSSMAN, LARRY GROSSMAN, LARRY STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME GROSSMAN, LARRY STREET ADDRESS CITY-ST-ZIP TITLE D Change Change Change CITY-ST-ZIP TITLE D Change	10.		DIRECTORS	11,		ADDITIONS/CHANGE	S TO OFFICERS AND DIR	ECTORS IN	N 10
STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33437 CITY-ST-ZIP TITLE NAME ARONOFF, HOWARD STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33437 CITY-ST-ZIP TITLE SD GORDON, CYNTHIA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE GORDON CYNTHIA STREET ADDRESS CITY-ST-ZIP TITLE TD GROSSMAN, LARRY GARONOFF L 33437 TITLE TO GROSSMAN, LARRY GARONOFF L 33437 TITLE TO GROSSMAN, LARRY GARONOFF HOWARD STREET ADDRESS CITY-ST-ZIP TITLE TO GROSSMAN, LARRY STREET ADDRESS CITY-ST-ZIP TITLE TO GROSSMAN LARRY STREET ADDRESS CITY-ST-ZIP TITLE TO GORDON CYNTHIA STREET ADDRESS CITY-ST-ZIP TITLE TO GORDON CY	TITLE	l ·· –	☐ Delete	TITLE				Change	☐ Addition
CITY-ST-ZIP BOYNTON BEACH FL 33437 CITY-ST-ZIP TITLE NAME ARONOFF, HOWARD 6276 LONG KEY LANE GOYNTON BEACH FL 33437 TITLE SD Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE SD ORDON, CYNTHIA STREET ADDRESS CITY-ST-ZIP TITLE TD Delete TITLE TD GROSSMAN, LARRY STREET ADDRESS CITY-ST-ZIP Delete TITLE TO GROSSMAN, LARRY STREET ADDRESS CITY-ST-ZIP TITLE DO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DO Delete TITLE DO Delete TITLE DO Change Change Change Change Change Dovid Loui+									
TITLE ARONOFF, HOWARD ARONOFF, HOWARD 6276 LONG KEY LANE CITY-ST-ZIP TITLE SD GORDON, CYNTHIA STREET ADDRESS CITY-ST-ZIP GORDON, CYNTHIA 6159 LONG KEY LANE BOYNTON BEACH FL 33437 TITLE TD GROSSMAN, LARRY 6359 LONG KEY LANE STREET ADDRESS CITY-ST-ZIP Delete TITLE TO GROSSMAN, LARRY 6359 LONG KEY LANE STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TO GROSSMAN, LARRY 6359 LONG KEY LANE STREET ADDRESS CITY-ST-ZIP TITLE D Change					B .				
NAME STREET ADDRESS CITY-ST-ZIP SD TITLE SD GORDON, CYNTHIA STREET ADDRESS CITY-ST-ZIP TODE ST					aP .				
STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33437 TITLE SD TITLE GORDON, CYNTHIA STREET ADDRESS CITY-ST-ZIP GORDON, CYNTHIA STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33437 TITLE TD GROSSMAN, LARRY STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME GROSSMAN, LARRY STREET ADDRESS CITY-ST-ZIP Delete TITLE TO Change CHANGE CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE TO NAME TITLE D Change CHANGE CITY-ST-ZIP Delete TITLE D Change TITLE D Change D Change D Change D Change D Change D Change		-	☐ Delete						Addition
CITY-ST-ZIP BOYNTON BEACH FL 33437 CITY-ST-ZIP SD FITLE SD FITLE SD FITLE Change Change Change Change Change City-St-ZIP City-St-ZIP City-St-ZIP City-St-ZIP City-St-ZIP City-St-ZIP City-St-ZIP Delete Title TD GROSSMAN, LARRY STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP City-St-ZIP Delete Title D Change Change Change Change Change Change Change Change Change				1	DRESS				
TITLE SD Change GORDON, CYNTHIA NAME STREET ADDRESS CITY-ST-ZIP TITLE TD CHORGE TITLE NAME GROSSMAN, LARRY STREET ADDRESS CITY-ST-ZIP CONSIDER CITY-ST-ZIP Delete TITLE TO CHORGE TITLE NAME GROSSMAN, LARRY STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL:33437 TITLE D Change THLE D Change Change TITLE D Change TITLE D Change THLE THLE T Change THLE THLE T CHANGE THE THLE THLE THLE THLE THLE THLE THLE									
NAME STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33437 TITLE TD GROSSMAN, LARRY STREET ADDRESS CITY-ST-ZIP Delete TITLE TNAME STREET ADDRESS CITY-ST-ZIP Delete TITLE TNAME STREET ADDRESS CITY-ST-ZIP Delete TITLE TNAME STREET ADDRESS CITY-ST-ZIP TITLE D Change TITLE NAME D Change TITLE NAME D Change TO Change TITLE NAME D Change TO Delete TITLE NAME D TO DELETE	TITI F		Peleta						
STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33437 TITLE NAME GROSSMAN, LARRY STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE D Change CITY-ST-ZIP Delete TITLE D Change CITY-ST-ZIP Delete TITLE D Change D		GORDON, CYNTHIA	22 0000						
TITLE TD Delete TITLE ARME GROSSMAN, LARRY STREET ADDRESS CITY-ST-ZIP TITLE D Delete TITLE TO Change CAME STREET ADDRESS CITY-ST-ZIP TITLE D DELETE TITLE NAME DAVID DELETE TITLE NAME DAVID DELETE TITLE NAME DAVID LOVIT	STREET ADDRESS			STREET AD	DRESS				
NAME GROSSMAN, LARRY STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL: 33437 TITLE NAME LOVITZ, DAVID NAME David Louit	CITY-ST-ZIP	BOYNTON BEACH FL 33437		CITY-ST-7	JP P				
STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL-33437 TITLE D Delete NAME LOVITZ, DAVID STREET ADDRESS CITY-ST-ZIP TITLE D Delete NAME D D Change D D Change D	TITLE		☐ Delete	TITLE	T			Change	Addition
CITY-ST-ZIP BOYNTON BEACH FL.33437 TITLE D CITY-ST-ZIP TITLE NAME LOVITZ, DAVID CITY-ST-ZIP TITLE NAME David Loui+				E .					
TITLE D Delete TITLE NAME LOVITZ, DAVID Delete TITLE NAME David Louit									
NAME LOVITZ, DAVID NAME David Louit	CITY-ST-ZIP			CITY-ST-2	ir e			<u></u>	
NAME LUVII 4, DAVIU STREET ADDRESS CONG. MEV. ANIE		_	☐ Delete					Change	☐ Addition
		1				vid Louit			
CITY-ST-ZIP BOYNTON BEACH FL 33437		6255 LONG KEY LANE		•	ŀ				
								Change	□ Addition
TITLE B			∟ Delete					☐ Change	Addition
STREET ADDRESS 6183 LONG KEY LANE STREET ADDRESS STREET ADDRESS					DRESS				
GITY-ST-ZIP BOYNTON BEACH FL 33437 CITY-ST-ZIP									

2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report of 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

IGHIOUST TOWNIADAUD LOVIT

04/or/03 16/3644976