

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

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90186 037 ****61.25

DOCUMENT # N95000004479

1. Entity Name
ABERDEEN PARCEL "O" HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**COMMUNITY ASSN. SVC.
951 BROKEN SOUND PARKWAY #250
BOCA RATON FL 33487**

Mailing Address
**COMMUNITY ASSN. SVC.
951 BROKEN SOUND PARKWAY #250
BOCA RATON FL 33487**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0696747**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**ST. JOHN, DICKER, KRIVOK & CORE, P.A.
500 AUSTRALIAN AVENUE SOUTH
WEST PALM BEACH FL 33401**

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

FILE NOW: FEE 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 **VPD** ☐ Delete
NAME **SICKERMAN, MORT**
STREET ADDRESS **6207 LONG EY LANE**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

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

TITLE **PD** ☐ Delete
NAME **ARONOFF, HOWARD**
STREET ADDRESS **6276 LONG KEY LANE**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

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

TITLE **SD** ☐ Delete
NAME **GORDON, CYNTHIA**
STREET ADDRESS **6159 LONG KEY LANE**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

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

TITLE **TD** ☐ Delete
NAME **GROSSMAN, LARRY**
STREET ADDRESS **6359 LONG KEY LANE**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **T** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LOVITZ, DAVID**
STREET ADDRESS **6255 LONG KEY LANE**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **David Lovit** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GREENSPAN, RICHARD**
STREET ADDRESS **6183 LONG KEY LANE**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

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

12. 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 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**

04/09/03 1613644876

CR2E037 (10/02)