

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90037 042 \*\*\*\*61.25

**DOCUMENT # N96000005364**

1. Entity Name

**ADDISON GREEN AT ABERDEEN ASSOCIATION, INC.**



Principal Place of Business

C/O PHOENIX MANAGEMENT SERVICES  
3082 JOG ROAD  
LAKE WORTH FL 33467

Mailing Address

C/O PHOENIX MANAGEMENT SERVICES  
3082 JOG ROAD  
LAKE WORTH FL 33467

**54023909**



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0835510**

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

ROSENTHAL, DAVID C  
PHOENIX MANAGEMENT SERVICES  
3082 JOG ROAD  
LAKE WORTH FL 33467

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  
Due By May 1, 2004**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GOLDEN, SAMUEL	
STREET ADDRESS	6917 SOUTHPORT DR.	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ISEMAN, MURRAY	
STREET ADDRESS	6971 SOUTHPORT DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRAMMER, EDWIN	
STREET ADDRESS	6772 SOUTHPORT DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RICHMAN, LILA	
STREET ADDRESS	8735 MILPORT DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KALTER, GERALD	
STREET ADDRESS	6556 SOUTHPORT DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PRINCE, PAUL	
STREET ADDRESS	8768 MILPORT DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDBERG, WILLIAM	
STREET ADDRESS	6682 SOUTHPORT DR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSENZWEIG, JEROME	
STREET ADDRESS	8732 MILPORT DR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRINCE, RUTH	
STREET ADDRESS	8768 MILPORT DR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-16-04 (561) 964-1550