

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90027 010 \*\*\*\*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**

**50006942**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062005 Chg-NP CR2E037 (10/03)

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GOLDEN, SAMUEL ☒ Delete  
6917 SOUTHPORT DR.  
BOYNTON BEACH, FL 33437**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
FRANCIS, JOSEPH ☐ Change ☒ Addition  
6677 SOUTHPORT DRIVE  
BOYNTON BEACH, FL. 33437**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
ISEMAN, MURRAY ☒ Delete  
6971 SOUTHPORT DR  
BOYNTON BEACH, FL 33437**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
HOROWITZ, JULES ☐ Change ☒ Addition  
6562 SOUTHPORT DRIVE  
BOYNTON BEACH, FL. 33437**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GOLDBERG, WILLIAM ☐ Delete  
6682 SOUTH PORT DR  
BOYNTON BEACH, FL 33437**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
RICHMAN, LILA ☒ Delete  
8735 MILPORT DR  
BOYNTON BEACH, FL 33437**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PATZ, STEVEN ☐ Change ☒ Addition  
8726 MILPORT DRIVE  
BOYNTON BEACH, FL. 33437**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
ROSENZWEG, JEROME ☐ Delete  
8732 MILPORT DR  
BOYNTON BEACH, FL 33437**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
PRINCE, RUTH ☐ Delete  
8768 MILPORT DR  
BOYNTON BEACH, FL 33437**

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

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: RUTH PRINCE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/24/05**

Date

**561-734-5784**

Daytime Phone #