2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001579

Entity Name: STERLING LAKES ESTATES AT ABERDEEN ASSOCIATION,

INC.

Feb 09, 2017

Secretary of State CC5731413788

Date

FILED

Current Principal Place of Business:

C/O EXCLUSIVE PROPERTY MANAGEMENT 2945 W. CYPRESS CREEK RD. SUITE 201

FT. LAUDERDALE, FL 33309

Current Mailing Address:

C/O EXCLUSIVE PROPERTY MANAGEMENT 2945 W. CYPRESS CREEK RD. SUITE 201 FT. LAUDERDALE, FL 33309 US

FEI Number: 65-0539636 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

EXCLUSIVE PROPERTY MANAGEMENT 2945 W. CYPRESS CREEK RD. SUITE 201

FT. LAUDERDALE, FL 33309 US

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:

Officer/Director Detail:

Title Title DIRECTOR

Name MENAHEM, MARCIA Name SIMELSON, JERRY

Address C/O EXCLUSIVE PROPERTY Address C/O EXCLUSIVE PROPERTY

> MANAGEMENT MANAGEMENT

2945 W. CYPRESS CREEK RD. SUITE 2945 W. CYPRESS CREEK RD. SUITE

FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 City-State-Zip: City-State-Zip:

Title **TREASURER** Title VΡ

Name PORTNOY, NORMAN Name FINKEL, JERRY

Address C/O EXCLUSIVE PROPERTY Address C/O EXCLUSIVE PROPERTY

MANAGEMENT MANAGEMENT

2945 W. CYPRESS CREEK RD. SUITE 2945 W. CYPRESS CREEK RD. SUITE

FT. LAUDERDALE FL 33309 City-State-Zip: FT. LAUDERDALE FL 33309 City-State-Zip:

Title SECRETARY Title DIRECTOR Name CHAREN, MARVIN Name LEVINE, PHILIP

Address C/O EXCLUSIVE PROPERTY Address C/O EXCLUSIVE PROPERTY

> MANAGEMENT MANAGEMENT

2945 W. CYPRESS CREEK RD. SUITE 2945 W. CYPRESS CREEK RD. SUITE

201

City-State-Zip: FT. LAUDERDALE FL 33309 City-State-Zip: FT. LAUDERDALE FL 33309

Title DIRECTOR

WALLACH, MICHAEL Name

C/O EXCLUSIVE PROPERTY Address MANAGEMENT

2945 W. CYPRESS CREEK RD. SUITE

201

201

City-State-Zip: FT. LAUDERDALE FL 33309 l 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 \$\text{BCNATEMMARQAMEMENTAL}\$

Electronic Signature of Signing Officer/Director Detail

Date