**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 15, 2023**
**Secretary of State**
**2232534891CC**

DOCUMENT# N94000001579

**Entity Name:** STERLING LAKES ESTATES AT ABERDEEN ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O PHOENIX MANAGEMENT SERVICE
6131-B LAKE WORTH ROAD
GREENACRES, FL 33463

**Current Mailing Address:**

C/O PHOENIX MANAGEMENT SERVICE
6131-B LAKE WORTH ROAD
GREENACRES, FL 33463 US

**FEI Number: 65-0539636**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RAPPAPORT, STEVEN
6111 BROKEN SOUND PARKWAY NW
BOCA RATON, FL 33487 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: STEVEN RAPPAPORT 03/15/2023

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | DIRECTOR | Title | VP |
| Name | WIEDERLIGHT, MICHAEL | Name | PORTNOY, NORMAN |
| Address | C/O PHOENIX MANAGEMENT SERVICE<br>6131-B LAKE WORTH ROAD | Address | C/O PHOENIX MANAGEMENT SERVICE<br>6131-B LAKE WORTH ROAD |
| City-State-Zip: | GREENACRES FL 33463 | City-State-Zip: | GREENACRES FL 33463 |
| Title | DIRECTOR | Title | PRESIDENT |
| Name | LACHER, DAVID | Name | LEVINE, PHILIP |
| Address | C/O PHOENIX MANAGEMENT SERVICE<br>6131-B LAKE WORTH ROAD | Address | C/O PHOENIX MANAGEMENT SERVICE<br>6131-B LAKE WORTH ROAD |
| City-State-Zip: | GREENACRES FL 33463 | City-State-Zip: | GREENACRES FL 33463 |
| Title | TREASURER | Title | DIRECTOR |
| Name | WALLACH, MICHAEL | Name | WEISSMAN, DAVID |
| Address | C/O PHOENIX MANAGEMENT SERVICE<br>6131-B LAKE WORTH ROAD | Address | C/O PHOENIX MANAGEMENT SERVICE<br>6131-B LAKE WORTH ROAD |
| City-State-Zip: | GREENACRES FL 33463 | City-State-Zip: | GREENACRES FL 33463 |
| Title | SECRETARY | | |
| Name | ALDEMEN, CAROL | | |
| Address | C/O PHOENIX MANAGEMENT SERVICE<br>6131-B LAKE WORTH ROAD | | |
| City-State-Zip: | GREENACRES FL 33463 | | |

*I 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 above, or on an attachment with all other like empowered.*

SIGNATURE: PHILIP LEVINE PRESIDENT 03/15/2023

Electronic Signature of Signing Officer/Director Detail Date