NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF-CORPORATIONS

May 04, 1999 8:00 am § Secretary of State

05-04-1999 90007 005 ****70.00

FILED

DOCUMENT # N9400001603

Corporation Name

ABERDEEN COMMERCIAL CENTER ASSOCIATION, INC.

Principal Place of Business 1500 CORPORATE WAY #104 WELLINGTON Ft. 33414 Mailing Address
PO 80X 19488
#104

WEST PALM BEACH FL 33416

us')			
2. Principal Place. 2a. Mailing Address. 2a. Mailing Address. 2a. Mailing Address. 2a. Mailing Address. 2b. 2b. 2b. 2b. 2b. 2b. 2b. 2b. 2b. 2b			3. Date Incorporated or Qualifed 03/30/1994
Suite, Apt.		3	4. FEI Number Applied For Not Applicable
City & Stat		ns.FL	5. Certificate of Status Desired \$8.75 Additional Fee Required
24 33461-214725 Southtry USA 2933461-2142 30 USA			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees .
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent			
PARAMOUNT REAL ESTATE SERVICES, INC. 1500 CORPORATE CENTER WAY SUITE 104 82 222 17th			serv Corp. Lakeview Avenue Floor st Palm Beach 33401
Regserv Corp. By: Corp. Signature hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD DELETE	1.1 TITLE	Change
NAME	YUNES, HANK	1.2 NAME	LINES, HAWIC 630 S CONGRESS AVE, #300
STREET ADDRESS	1650 S CONGRESS AVE, SUITE 300	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALMS SPRINGS FL 33437	1.4 CITY-ST-ZIP	MM SPRIKS, FI 33437
TITLE	VD . DELETE	2.1 TITLE (V)	☐ Change ☐ Addition
NAME	SATTER, JONATHAN	2.2 NAME	obert Hill 11 H300
STREET ADDRESS	1630 S CONGRESS AVE SUITE 300	2.3 STREET ADDRESS	30 5. Congress Ave, #300
CITY-ST-ZIP	PALM SPRINGS FL 33437	2.4 CITY-ST-ZIP	alm springs, FL 33461-2112
TITLE	STD		
NAME	DISALVO, PATRICK J	3.2 NAME	sate Corripio Aug #300
STREET ADDRESS	3801 PGA BLVD SUITE 1000	3.3 STREET ADDRESS	630 5. Congress Ave. #300
CITY-ST-ZIP	PALM BEACH GARDEN FL 33410	3.4. CITY-ST-ZIP	alm Springs FL 33461-2142
TITLE	DELETE	4.1 TITLE	Change ☐ Addition
NAME	·	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP	□ DELETE	4.4 CITY-ST-ZIP	Change Addition
TITLE	[] DELETE	5.1 TITLE 5.2 NAME	E similife E Managai
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	·
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	30200.0	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	•
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

4127199

(561)967-2000

Daytime Phone

:R2E037 (11/98)