


85 **2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90025 020 ****61.25

DOCUMENT # N01000003796			
1. Entity Name ABERDEEN HOMEOWNERS ASSOCIATION OF PASCO, INC.			
Principal Place of Business C/O STERLING MANAGMENT SERVICES 2870 SCHERER DR NORTH SUITE 100 SAINT PETERSBURG FL 33716 US		Mailing Address C/O STERLING MANAGMENT SERVICES 2870 SCHERER DR NORTH SUITE 100 SAINT PETERSBURG FL 33716 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COTTERILL, RONALD 1010 NORTH FLORIDA TAMPA FL 33602		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			



1st MOORE CR2E037 (10/06)

4. FEI Number 59-3758162	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: WEBB, BOBBY STREET ADDRESS: 31608 LOCH ALINE DR CITY-ST-ZIP: WESLEY CHAPEL FL 33544	<input checked="" type="checkbox"/> Delete	TITLE: P NAME: HOLLIE TOPASIT STREET ADDRESS: 5407 TREIG LANE CITY-ST-ZIP: WESLEY CHAPEL, FL. 33544	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VP NAME: COLLAZO, SOBEIDA STREET ADDRESS: 31523 LOCA ALINE CITY-ST-ZIP: WESLEY CHAPEL FL 33544	<input type="checkbox"/> Delete	TITLE: T NAME: STEPHANIE RIOS STREET ADDRESS: 5243 TUMMEL CT. CITY-ST-ZIP: WESLEY CHAPEL, FL. 33544	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T NAME: PERRAULT, ROBERT STREET ADDRESS: 31522 EARN DR CITY-ST-ZIP: WESLEY CHAPEL FL 33544	<input checked="" type="checkbox"/> Delete	TITLE: S NAME: VICTOR PEREZ STREET ADDRESS: 5346 TREIG LANE CITY-ST-ZIP: WESLEY CHAPEL, FL. 33544	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: JOHNSON, BRENDA STREET ADDRESS: 31721 INKLEY CT CITY-ST-ZIP: WESLEY CHAPEL FL 33544	<input checked="" type="checkbox"/> Delete	TITLE: VP NAME: NAYRONE BOYD STREET ADDRESS: 5337 TREIG LANE CITY-ST-ZIP: WESLEY CHAPEL, FL. 33544	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: MCMALLIN, GEORGE STREET ADDRESS: 31447 LOCH ALINE DR CITY-ST-ZIP: WESLEY CHAPEL FL 33544	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: KENNETH HINES STREET ADDRESS: 31810 INKLEY CT. CITY-ST-ZIP: WESLEY CHAPEL, FL. 33544	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ Date: _____ Daytime Phone #: 727-299-9555