

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90028 019 ****61.25



DOCUMENT # N01000003796
1. Entity Name
ABERDEEN HOMEOWNERS ASSOCIATION OF PASCO, INC.

Principal Place of Business Mailing Address
C/O STERLING MANAGMENT SERVICES 2870 SCHERER DR NORTH SUITE 100 SAINT PETERSBURG FL 33716 US
C/O STERLING MANAGMENT SERVICES 2870 SCHERER DR NORTH SUITE 100 SAINT PETERSBURG FL 33716 US



2. Principa. Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State

4. FEI Number **59-3758162** Applied For No: Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**COTTERILL, RONALD
1010 NORTH FLORIDA
TAMPA FL 33602**

7. Name and Address of New Registered Agent
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 must be sized with registration) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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	
TITLE: P NAME: WEBB, BOBBY STREET ADDRESS: 31608 LOCH ALINE DR CITY-ST-ZIP: WESLEY CHAPEL FL 33544	<input checked="" type="checkbox"/> Delete
TITLE: VP NAME: COLLAZO, SOBEIDA STREET ADDRESS: 31523 LOCA ALINE CITY-ST-ZIP: WESLEY CHAPEL FL 33544	<input checked="" type="checkbox"/> Delete
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: JOHNSON, BRENDA STREET ADDRESS: 31721 INKLEY CT CITY-ST-ZIP: WESLEY CHAPEL FL 33544	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: MCMALLIN, GEORGE STREET ADDRESS: 31447 LOCH ALINE DR CITY-ST-ZIP: WESLEY CHAPEL FL 33544	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: TOPASH, HOLLIE STREET ADDRESS: 5407 TREIG LANE CITY-ST-ZIP: WESLEY CHAPEL, FL. 33544	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: RIOS, STEPHANIE STREET ADDRESS: 5243 TUMMEL CT. CITY-ST-ZIP: WESLEY CHAPEL, FL. 33544	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: BOYD, NAYRONE STREET ADDRESS: 5337 TREIG LANE CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: KIRK, MARK STREET ADDRESS: 31734 LOCA ALINE CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: CLARK, WILLIAM STREET ADDRESS: 31443 LOCH ALINE CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110, Florida Statutes. I further certify that the information indicated on this report or supplemental reports, 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: _____ *1/29/2008 727-299-9555*