

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 24, 2009
Secretary of State**

DOCUMENT# N01000003796

Entity Name: ABERDEEN HOMEOWNERS ASSOCIATION OF PASCO, INC.

Current Principal Place of Business:

C/O STERLING MANAGMENT SERVICES
2870 SCHERER DR NORTH SUITE 100
SAINT PETERSBURG, FL 33716 US

New Principal Place of Business:

Current Mailing Address:

C/O STERLING MANAGMENT SERVICES
2870 SCHERER DR NORTH SUITE 100
SAINT PETERSBURG, FL 33716 US

New Mailing Address:

FEI Number: 59-3758162 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COTTERILL, RONALD
1010 NORTH FLORIDA
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TUPASH, HOLLIE
Address: 5407 TREIG CAN
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: T () Delete
Name: RIOS, STEPHAN E
Address: 5243 TUMMEL CT
City-St-Zip: ZEPHYRHILLS, FL 33544

Title: VP () Delete
Name: BOYD, NAYRONE
Address: 5337 TREIG CANE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: S () Delete
Name: KIRK, MARK
Address: 31734 LOCH ALINE
City-St-Zip: WESLEY CHAPEL, FL

Title: D () Delete
Name: CLARK, WILLIAM
Address: 31443 LOC ALINE
City-St-Zip: WESLEY CHAPEL, FL 33544

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GAIL KNIGHT

MGR

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date