

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30586 (4)

1. Corporation Name

ABERDEEN HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3490 E. LAKE ROAD
SUITE C
PALM HARBOR FL 34685
US

C/O MGMT & ASSOC
P O BOX 1448
PALM HARBOR 34682-8448

3. Date Incorporated or Qualified
02/09/1989

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2931740

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCANNAVINO, DOMINICK
3490 E LAKE RD STE C
PALM HARBOR FL 34685

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TAYLOR, JAKE	
STREET ADDRESS	5045 CAMBERLEY LANE	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HAREGEONES, JIM	
STREET ADDRESS	4979 FALLSMEAD CT.	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FLYNN, CATHY	
STREET ADDRESS	1323 FALLSMEAD CT.	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	AUBREY, JOHN	
STREET ADDRESS	5023 KILKENNEY CT.	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARTWRIGHT, FRANKIE	
STREET ADDRESS	1228 GREYBROOKE PL	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSTON, GEORGE	
STREET ADDRESS	1357 FORESTEDGE BLVD.	
CITY-ST-ZIP	OLDSMAR FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	George Coleman	
1.3 STREET ADDRESS	5009 Kilkenney Way	
1.4 CITY-ST-ZIP	Oldsmar FL 34677	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Karen Bashara	
2.3 STREET ADDRESS	5029 Camberley Lane	
2.4 CITY-ST-ZIP	Oldsmar FL 34677	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jake Taylor **JAKE TAYLOR, Pres.**

Date

Daytime Phone #

813-785-7827

CR2E037 (12/95)