

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

Mailing Address
**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

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, JAKE	1.2 NAME	George Coleman
STREET ADDRESS	5045 CAMBERLEY LANE	1.3 STREET ADDRESS	5009 Kilkenney Way
CITY-ST-ZIP	OLDSMAR FL	1.4 CITY-ST-ZIP	Oldsmar FL 34677
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAREGEONES, JIM	2.2 NAME	Karen Bashara
STREET ADDRESS	4979 FALLSMEAD CT.	2.3 STREET ADDRESS	5029 Camberley Lane
CITY-ST-ZIP	OLDSMAR FL	2.4 CITY-ST-ZIP	Oldsmar FL 34677
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, CATHY	3.2 NAME	
STREET ADDRESS	1323 FALLSMEAD CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUBREY, JOHN	4.2 NAME	
STREET ADDRESS	5023 KILKENNEY CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTWRIGHT, FRANKIE	5.2 NAME	
STREET ADDRESS	1228 GREYBROOKE PL	5.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, GEORGE	6.2 NAME	
STREET ADDRESS	1357 FORESTEDGE BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	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, Pres.

Date

Daytime Phone #

813-785-7827

CR2E037 (12/95)