


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34682-1448
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 02/09/1989	3a. Date of Last Report 05/01/1996
22 City & State	27 City & State	4. FEI Number 59-2931740	Applied For <input type="checkbox"/> Not Applicable
23 Zip	28 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip	25 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	1.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, JAKE	1.2 NAME	Roland Watkins
STREET ADDRESS	5045 CAMBERLEY LANE	1.3 STREET ADDRESS	1158 Sedgefield Ct.
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	Ann Showers
STREET ADDRESS	4979 FALLSMEAD CT.	2.3 STREET ADDRESS	1334 Fallsmeade Ct.
CITY-ST-ZIP	OLDSMAR FL	2.4 CITY-ST-ZIP	Oldsmar FL 34677
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLYNN, CATHY	3.2 NAME	Linda Aubrey
STREET ADDRESS	1323 FALLSMEAD CT.	3.3 STREET ADDRESS	5028 Kilkenney Ct.
CITY-ST-ZIP	OLDSMAR FL	3.4 CITY-ST-ZIP	Oldsmar FL 34677
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	Director <input checked="" 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	GEORGE COLEMAN	5.2 NAME	
STREET ADDRESS	5009 KILKENNEY WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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]* 4/14/97 813-785-7827

CR2E037 (9/96)