

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	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	
4. FEI Number	59-2931740	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. 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. City	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TAYLOR, JAKE	
STREET ADDRESS	5045 CAMBERLEY LANE	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	VD	<input checked="" 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	D	<input type="checkbox"/> DELETE
NAME	AUBREY, JOHN	
STREET ADDRESS	5023 KILKENNEY CT.	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WATKINS, ROLAND	
STREET ADDRESS	1158 SEDGEFIELD CT	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHOWERS, ANN	
STREET ADDRESS	1334 FALLSMEADE CT	
CITY-ST-ZIP	OLDSMAR FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	DVP	<input checked="" 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 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: Jake Taylor, Pres. 3/26/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0066494

CR2E037 (10/97)