


FILE NOW: FILING FEE IS \$61.25

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Apr 02, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30586

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
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2. Principal Place of Business 21 1050 A ELW PKWY Suite, Apt. #, etc. 22 City & State 23 OLDSMAR, FL Zip 24 34677	2a. Mailing Address 26 1050 A ELW PKWY Suite, Apt. #, etc. 27 City & State 28 OLDSMAR FL Zip 29 34677	3. Date Incorporated or Qualified 02/09/1989 4. FEI Number 59-2931740 Applied For 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
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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) 1050 A ELW PKWY 83 84 City OLDSMAR FL 85 Zip Code 34677
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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 *Dominick Scannavino* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, JAKE	1.2 NAME	
STREET ADDRESS	5045 CAMBERLEY LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, CATHY	2.2 NAME	
STREET ADDRESS	1323 FALLSMEAD CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	2.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUBREY, JOHN	3.2 NAME	
STREET ADDRESS	5023 KILKENNEY 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	WATKINS, ROLAND	4.2 NAME	
STREET ADDRESS	1158 SEDGEFIELD CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** (727) 789-1284
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)