

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30586

1. Entity Name

ABERDEEN HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90093 012 ****61.25

Principal Place of Business	Mailing Address
1050 A ELW PKWY OLDMAR FL 34677 US	1050 A ELW PKWY OLDMAR FL 34677 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
59-2931740	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

SCANNAVINO, DOMINICK
 1050 A ELW PKWY
 OLDMAR FL 34677

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, JAKE	
STREET ADDRESS	5045 CAMBERLEY LANE	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FLYNN, CATHY	
STREET ADDRESS	1323 FALLSMEAD CT.	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	DVP	<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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AUBREY, LINDA	
STREET ADDRESS	5023 KILKENNEY CT	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JURGENS, SHARON	
STREET ADDRESS	1559 HUNTLEIGH CT.	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROMANO, LYNN	
STREET ADDRESS	1252 GREYBROOKE PL	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILPIN, JUDITH	
STREET ADDRESS	1443 BRIARGROVE WAY	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEYENS, NANCY	
STREET ADDRESS	1319 FORESTEDGE BLVD	
CITY-ST-ZIP	OLDSMAR, FL 34677	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Aubrey, Pres 4/19/2000 727-789-3887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)