


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90097 018 \*\*\*\*61.25

<b>DOCUMENT # N30586</b>		
1. Entity Name <b>ABERDEEN HOMEOWNERS ASSOCIATION, INC.</b>		

Principal Place of Business <b>1050 A ELW PKWY OLDMAR, FL 34677 US</b>	Mailing Address <b>1050 A ELW PKWY OLDMAR, FL 34677 US</b>
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**50022733**



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

01062005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2931740</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SCANNAVINO, DOMINICK 1050 A ELW PKWY OLDMAR, FL 34677</b>		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TAYLOR, JAKE			NAME	WARREN, BETH		
STREET ADDRESS	5045 CAMBERLEY LANE			STREET ADDRESS	1284 GREYBROOKE PL.		
CITY-ST-ZIP	OLDMAR, FL 34677			CITY-ST-ZIP	OLDMAR, FL 34677		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLOSBERG, EARL			NAME	SLOSBERG, EARL		
STREET ADDRESS	1268 GREYBROOKE PLACE			STREET ADDRESS	1268 GREYBROOKE PL.		
CITY-ST-ZIP	OLDMAR, FL 34677			CITY-ST-ZIP	OLDMAR, FL 34677		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NEILL, HARRIET			NAME	QUERIDO, ROBERT		
STREET ADDRESS	1353 FORESTEDGE BLVD			STREET ADDRESS	1349 FORESTEDGE BLVD		
CITY-ST-ZIP	OLDMAR, FL 34677			CITY-ST-ZIP	OLDMAR, FL 34677		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CERUTTI, JOHN			NAME	HEYENS, NANCY		
STREET ADDRESS	4960 STONELWIGH PLACE			STREET ADDRESS	1319 FORESTEDGE BLVD		
CITY-ST-ZIP	OLDMAR, FL 34677			CITY-ST-ZIP	OLDMAR, FL 34677		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILPIN, JUDITH			NAME			
STREET ADDRESS	1443 BRIARGROVE WAY			STREET ADDRESS			
CITY-ST-ZIP	OLDMAR, FL 34677			CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LETZEISEN, ROBERT			NAME	WATKINS, ROLAND		
STREET ADDRESS	1429 FORESTEDGE BLVD.			STREET ADDRESS	1158 SEDGERFIELD CT.		
CITY-ST-ZIP	OLDMAR, FL 34677			CITY-ST-ZIP	OLDMAR, 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: 	Date: <b>2/28/05</b>	Daytime Phone #
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