2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30586

FILED Jaņ 15, 2<u>00</u>9 Secretary of State

Entity Name: ABERDEEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

720 BROOKER CREEK BLVD #206 OLDMAR, FL 34677

Current Mailing Address: New Mailing Address:

720 BROOKER CREEK BLVD #206 OLDMAR, FL 34677

FEI Number: 59-2931740 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCANNAVINO INC 720 BROOKER CREEK BLVD #206 OLDMAR, FL 34677

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete WININGER, BETH Name: 1284 GREYBROOKE PL Address: City-St-Zip: OLDSMAR, FL 34677

Title: VD () Delete

OFFICERS AND DIRECTORS:

WOLL, JEFF Name: Address: 1361 FOREST EDGE BVLD City-St-Zip: OLDSMAR, FL 34677

Title: () Delete NEILL, HARRIET Name: 1353 FORESTEDGE BLVD Address: City-St-Zip: OLDSMAR, FL 34677

Title: () Delete Name: VOITLEIN, BECKY Address: 5009 KILKENNEY WAY City-St-Zip: OLDSMAR, FL 34677

Title: () Delete HORNUNG, ANTHONY Name: 1378 FORESTEDGE BLVD Address: City-St-Zip: OLDSMAR, FL 34677

Title: () Delete WATKINS, ROLAND Name: Address: 1158 SEDGEFIELD CT OLDSMAR, FL 34677 City-St-Zip:

(X) Change () Addition

WOLL, JEFF Name:

Address: 1361 FORESTEDGE BLVD. City-St-Zip: OLDSMAR, FL 34677

Title: VD (X) Change () Addition

Name: VOITLEIN, BECKY Address: 5009 KILKENNEY WAY City-St-Zip: OLDSMAR, FL 34677

Title: SD (X) Change () Addition

WATTS, HOWARD Name: 1324 FORESTEDGE BLVD. Address: City-St-Zip: OLDSMAR, FL 34677

Title: (X) Change () Addition

Name: QUERIDO, BOB 1349 FORESTEDGE BLVD. Address: City-St-Zip: OLDSMAR, FL 34677

Title: (X) Change () Addition PAPASTAVROU, KATHERINE Name: 1314 FORESTEDGE BLVD. Address: City-St-Zip: OLDSMAR, FL 34677

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF WOLL PD 01/15/2009