## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# 768982

Entity Name: THE LANDINGS AT ABERDEEN HOMEOWNERS ASSOCIATION, INC.

### Current Principal Place of Business:

CAMPBELL PROPERTY MGMT. 3918 VIA POINCIANA DR. #9 LAKE WORTH, FL 33467

# **Current Mailing Address:**

CAMPBELL PROPERTY MGMT. 3918 VIA POINCIANA DR. #9 LAKE WORTH, FL 33467

# FEI Number: 59-2324874

### Name and Address of Current Registered Agent:

PORTERFIELD, DEANDRE 3695 W BOYNTON BEACH BLVD STE 9 BOYNTON BEACH, FL 33436 US

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.

The above named entity submits this statement for the purpose of changing its registered once of registered agent, or both, in the State of Fionda.				
SIGNATURE	DEANDRE PORTERFIELD			02/28/2019
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	DIRECTOR	Title	VP/SECRETARY	
Name	FELDMAN, HARVEY	Name	ALLEN, LORRAINE	
Address	5738 PARKWALK CIRCLE EAST	Address	5578 PARKWALK CIR E	
City-State-Zip:	BOYNTON BEACH FL 33472	City-State-Zip:	BOYNTON BEACH FL 33472	
Title	TREASURER	Title	PRESIDENT	
Name	KIMINYO, DANIEL	Name	GAUTHIER, JAMES	
Address	5689 PARKWALK CIRCLE EAST	Address	5562 PARKWALK CIRCLE E	
City-State-Zip:	BOYNTON BEACH FL 33472	City-State-Zip:	BOYNTON BEACH FL 33472	
Title	DIRECTOR	Title	DIRECTOR	
Name	KEENAN, SHARON	Name	CHICHESTER, KATHLEEN	
Address	5558 PARKWALK CIRCLE E	Address	5586 PARKWALK CIRCLE EAS	т
City-State-Zip:	BOYNTON BEACH FL 33472	City-State-Zip:	BOYNTON BEACH FL 33472	
Title	ASST. TREASURER			
Name	PORTERFIELD, DEANDRE			
Address	1102 DEER CREEK CIRCLE			
City-State-Zip:	LITHONIA GA 30058			

I hereby 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 all other like empowered.

ASS. TR

### SIGNATURE: DEANDRE PORTERFIELD

Electronic Signature of Signing Officer/Director Detail

# FILED Feb 28, 2019 Secretary of State 3695568260CC

Certificate of Status Desired: Yes

02/28/2019 Date