

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003796

**FILED**  
**Jan 17, 2017**  
**Secretary of State**  
**CC1525789433**

**Entity Name:** ABERDEEN HOMEOWNERS ASSOCIATION OF PASCO, INC.

**Current Principal Place of Business:**

FIRSTSERVICE RESIDENTIAL  
2870 SCHERER DR NORTH SUITE 100  
SAINT PETERSBURG, FL 33716

**Current Mailing Address:**

FIRSTSERVICE RESIDENTIAL  
2870 SCHERER DR NORTH SUITE 100  
SAINT PETERSBURG, FL 33716 US

**FEI Number:** 59-3758162

**Certificate of Status Desired:** No

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

FENTON, KEVIN  
1111 AVENIDA DEL CIR  
VENICE, FL 34285 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.*

**SIGNATURE:** KEVIN FENTON

01/17/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            TOPASH, HOLLIE  
Address        FIRSTSERVICE RESIDENTIAL  
                  2870 SCHERER DR NORTH SUITE  
                  100  
City-State-Zip: SAINT PETERSBURG FL 33716

Title            TREASURER  
Name            HENSON, BETTY  
Address        FIRSTSERVICE RESIDENTIAL  
                  2870 SCHERER DR NORTH SUITE  
                  100  
City-State-Zip: SAINT PETERSBURG FL 33716

Title            SECRETARY  
Name            YOUNG, ELSIE MAE  
Address        FIRSTSERVICE RESIDENTIAL  
                  2870 SCHERER DR NORTH SUITE  
                  100  
City-State-Zip: SAINT PETERSBURG FL 33716

Title            TREASURER  
Name            MURRAY, MATTHEW  
Address        FIRSTSERVICE RESIDENTIAL  
                  2870 SCHERER DR NORTH SUITE  
                  100  
City-State-Zip: SAINT PETERSBURG FL 33716

Title            DIRECTOR  
Name            OWENS, FARRIS  
Address        FIRSTSERVICE RESIDENTIAL  
                  2870 SCHERER DR NORTH SUITE  
                  100  
City-State-Zip: SAINT PETERSBURG FL 33716

*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.*

**SIGNATURE:** HOLLIE TOPASH

**PRESIDENT**

01/17/2017

Electronic Signature of Signing Officer/Director Detail

Date