

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30586

Entity Name: ABERDEEN HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**720 BROOKER CREEK BLVD
SUITE 206
OLDSMAR, FL 34677**Current Mailing Address:**720 BROOKER CREEK BLVD
SUITE 206
OLDSMAR, FL 34677 US**FEI Number:** 59-2931740**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCANNAVINO INC
720 BROOKER CREEK BLVD.
SUITE 206
OLDSMAR, FL 34677 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	REILLY, DAVID
Address	720 BROOKER CREEK BLVD SUITE 206
City-State-Zip:	OLDSMAR FL 34677

Title	SD
Name	PICKER, JACK
Address	720 BROOKER CREEK BLVD SUITE 206
City-State-Zip:	OLDSMAR FL 34677

Title	TD
Name	FELDERMAN, MARK
Address	720 BROOKER CREEK BLVD SUITE 206
City-State-Zip:	OLDSMAR FL 34677

Title	D
Name	MARSH, ALISON
Address	720 BROOKER CREEK BLVD SUITE 206
City-State-Zip:	OLDSMAR FL 34677

Title	D
Name	CRIMI, PAUL
Address	720 BROOKER CREEK BLVD SUITE 206
City-State-Zip:	OLDSMAR FL 34677

Title	D
Name	TAWFIK, BAHA
Address	720 BROOKER CREEK BLVD SUITE 206
City-State-Zip:	OLDSMAR FL 34677

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: DAVID REILLY

PRESIDENT

06/01/2020

Electronic Signature of Signing Officer/Director Detail_____
Date