

2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N30586

Entity Name: ABERDEEN HOMEOWNERS ASSOCIATION, INC.

FILED
May 11, 2021
Secretary of State
3501507809CC

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 MARCH, ALYSON
Address 720 BROOKER CREEK BLVD
SUITE 206
City-State-Zip: OLDSMAR FL 34677

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

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

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

Title D
Name GAUDET, DOUG
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: ALYSON MARCH

PRESIDENT

05/11/2021

Electronic Signature of Signing Officer/Director Detail

Date