

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2001 8:00 am**  
**Secretary of State**

04-14-2001 90043 019 \*\*\*\*61.25

**DOCUMENT # N00000005228**

1. Entity Name  
**ABERDEEN AT KINGS RIDGE NEIGHBORHOOD ASSOCIATION**

Principal Place of Business <b>1900 KINGS RIDGE BLVD CLERMONT FL 34711</b>	Mailing Address <b>1900 KINGS RIDGE BLVD CLERMONT FL 34711</b>
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2. Principal Place of Business <b>2180 WEST SR 434 Suite, Apt. #, etc. SUITE 5000</b>	3. Mailing Address <b>2180 WEST SR 434 Suite, Apt. #, etc. SUITE 5000</b>
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City & State <b>LONGWOOD FL</b>	City & State <b>LONGWOOD FL</b>
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Zip <b>32779-5044</b>	Country <b>US</b>	Zip <b>32779-5044</b>	Country <b>US</b>
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4. FEI Number <b>59-3695939</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

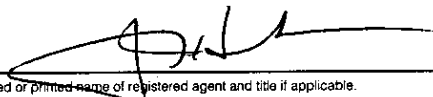


DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**KIMBALL FLETCHER, PATRICIA P.A.  
 200 S BISCAYNE BLVD, STE 3410  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent  
 Name  
**HART, JAMES W. JR.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**SENTRY MANAGEMENT, INC.  
 2180 W SR 434 SUITE 5000**  
 City  
**LONGWOOD** **FL** Zip Code  
**32779-5044**

8. 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  (NOTE: Registered Agent signature required when reinstating) DATE **02/09/01**

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP HACKER, E BING 1900 KINGS RIDGE BLVD CLERMONT FL 34711</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV HUNTER, WILLIAM 1900 KINGS RIDGE BLVD CLERMONT FL 34711</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD SODERMARK, CHRISTINE 1900 KINGS RIDGE BLVD CLERMONT FL 34711</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD HUNTER, HALL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SELLERS, JEFF 1900 KINGS RIDGE BLVD CLERMONT FL 34711</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **PSIGNATURE REQUIRED E BING HACKER** 2-23-01 352-242-1192  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)