

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 13, 2005
Secretary of State**

DOCUMENT# N00000005228

Entity Name: ABERDEEN AT KINGS RIDGE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3695939 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT, INC.
2180 W SR 434, SUITE 50000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HACKER, E BING
Address: 1635 E HWY 50 STE 200
City-St-Zip: CLERMONT, FL 34711

Title: VPD () Delete
Name: ECKERT, TERRY
Address: 1635 E HWY 50 STE 200
City-St-Zip: CLERMONT, FL 34711

Title: TD () Delete
Name: SODERMARK, CHRISTINE
Address: 1635 E HWY 50 STE 200
City-St-Zip: CLERMONT, FL 34711

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FOWLER, BOB
Address: 2146 BURLEY AVE
City-St-Zip: CLERMONT, FL 34711

Title: VPD (X) Change () Addition
Name: SLOTNICK, GEORGE
Address: 2165 ADDISON AVE
City-St-Zip: CLERMONT, FL 34711

Title: STD (X) Change () Addition
Name: LABRIE, JUDITH
Address: 3481 ROLLINGBROOK ST
City-St-Zip: CLERMONT, FL 34711

Title: D () Change (X) Addition
Name: JONES, RICHARD
Address: 2140 ADDISON AVE
City-St-Zip: CLERMONT, FL 34711

Title: D () Change (X) Addition
Name: BARTO, DONALD
Address: 2142 BURLEY AVE
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: BOB FOWLER

PD

04/13/2005

Electronic Signature of Signing Officer or Director

_____ Date