

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005228

FILED
Apr 11, 2007
Secretary of State

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: MAURY, STEVE
Address: 3674 ROLLINGBROOK ST
City-St-Zip: CLERMONT, FL 34711

Title: VPD () Delete
Name: LABRIE, JUDY
Address: 3481 ROLLINGBROOK ST
City-St-Zip: CLERMONT, FL 34711

Title: SD () Delete
Name: ADASCZIK, GREG
Address: 3497 ROLLINGBROOK ST
City-St-Zip: CLERMONT, FL 34711

Title: TD () Delete
Name: CLARKE, HERB
Address: 3502 ROLLINGBROOK ST
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: SAUCIER, ODELLE
Address: 3550 ROLLINGBROOK ST
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: PERFETTO, RAMON
Address: 2182 BURLEY AVE
City-St-Zip: CLERMONT, FL 34711

Title: D (X) Change () Addition
Name: KOSHOREK, LARRY
Address: 3485 ROLLINGBROOK ST
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 Chapter 119, 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: STEVE MAURY

PD

04/11/2007

Electronic Signature of Signing Officer or Director

_____ Date