FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 21 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N30586 **(4)**

1. Corporation Name
ABERDEEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3490 E. LAKE ROAD SUITE C PALM HARBOR FL 34685 US	C/O MGMT & ASSOC P O BOX 1448 PALM HARBOR 34682-8448

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/09/1989
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2931740 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SCANNAVINO, DOMINICK
3490 E LAKE RD STE C
PALM HARBOR FL 34685

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, JAKE	1.2 NAME	
STREET ADDRESS	5045 CAMBERLEY LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	HAREGEONES, JIM	2.2 NAME	
STREET ADDRESS	4979 FALLSMEAD CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	FLYNN, CATHY	3.2 NAME	
STREET ADDRESS	1323 FALLSMEAD CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	AUBREY, JOHN	4.2 NAME	
STREET ADDRESS	5023 KILKENNEY CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CARTWRIGHT, FRANKIE	5.2 NAME	
STREET ADDRESS	1228 GREYBROOKE PL	5.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSTON, GEORGE	6.2 NAME	
STREET ADDRESS	1357 FORESTEDGE BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jake Taylor 3/23/95 785-7827
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #