

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90154 038 ****61.25

DOCUMENT # N30586

1. Entity Name

ABERDEEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

1050 A ELW PKWY
 OLDMAR FL 34677
 US

Mailing Address

1050 A ELW PKWY
 OLDMAR FL 34677
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2931740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCANNAVINO, DOMINICK
 1050 A ELW PKWY
 OLDMAR FL 34677

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Delete
 NAME **AUBREY, LINDA**
 STREET ADDRESS **5023 KILKENNEY CT**
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **VD** ☐ Change ☒ Addition
 NAME **TAYLOR, JAKE**
 STREET ADDRESS **5045 CAMBERLEY LANE**
 CITY-ST-ZIP **OLDSMAR, FL**

TITLE **D** ☐ Delete
 NAME **JURGENS, SHARON**
 STREET ADDRESS **1559 HUNT LEIGH CT**
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **AUBREY, JOHN**
 STREET ADDRESS **5023 KILKENNEY CT.**
 CITY-ST-ZIP **OLDSMAR FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☒ Delete
 NAME **WATKINS, ROLAND**
 STREET ADDRESS **1158 SEDGEFIELD CT**
 CITY-ST-ZIP **OLDSMAR FL**

TITLE **TD** ☐ Change ☐ Addition
 NAME **TOTTLE DAVID**
 STREET ADDRESS **5044 KILKENNEY COURT**
 CITY-ST-ZIP **OLDSMAR, FL**

TITLE **D** ☐ Delete
 NAME **ROMANO, LYNN**
 STREET ADDRESS **1252 GREYBROOKE PLACE**
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **SD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **GILPIN, JUDITH**
 STREET ADDRESS **1443 BRIARGROVE WAY**
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda Aubrey
Linda Aubrey

2/5/2001 727-789-3887
 Date Daytime Phone #

CR2E037 (10/00)