

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30586

1. Entity Name

ABERDEEN HOMEOWNERS ASSOCIATION, INC.

FILED

May 06, 2002 8:00 am  
Secretary of State

05-06-2002 90209 031 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1050 A ELW PKWY  
OLDMAR FL 34677  
US

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

4. FEI Number

59-2931740

Applied For

Not Applicable

Zip

Country

Zip

Country

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
TAYLOR, JAKE  
5045 CAMBERLEY LANE  
OLDSMAR FL 34677 ☐ Delete

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
JAIMIE MARTINEZ  
1350 BRIARGROVE WAY  
OLDSMAR, FL 34677 ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
HARRIET NEILL  
1353 FORESTEDGE BLVD  
OLDSMAR, FL 34677 ☐ Change ☒ Addition

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
ROMANO, LYNN  
1252 GREYBROOKE PLACE  
OLDSMAR FL 34677 ☒ Delete

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAKE TAYLOR, Pres

4/13/02 727-789-1284

Date

Daytime Phone #

CR2E037 (9/01)