## **2006 NOT-FOR-PROFIT CORPORATION** ANNUAL REPORT

## Mar 27, 2006 8:00 am Secretary of State 03-27-2006 90241 014 \*\*\*\*61.25 **DOCUMENT # N30586** 1. Entity Name ABERDEEN HOMEOWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business **福福斯**() 1050 A ELW PKWY 1050 A ELW PKWY OLDMAR, FL 34677 US OLDMAR, FL 34677 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. 01052006 Chq-NP CR2E037 (11/05) Suite, Apt. #, etc. Applied For 4. FEI Number 59-2931740 City & State City & State Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired П Country Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCANNAVINO, DOMINICK Street Address (P.O. Box Number is Not Acceptable) 1050 A ELW PKWY OLDMAR, FL 34677 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Florida Department of State Trust Fund Contribution. Due by May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. **Change** Addition TITLE ☐ Delete מד TITLE NAME WARREN, BETH NAME STREET ADDRESS 1284 GREYBROOKE PL STREET ADDRESS CITY-ST-ZIP OLDSMAR, FL 34677 CITY-ST-ZIP Addition QUERIDO, ROBERT 1349 FORESTEDGE BLVD. 0LDSMAN, FL 34677 TITLE Delete PD TITLE NAME SLOSBERG, EARL NAME STREET ADDRESS 1268 GREYBROOKE PLACE STREET ADDRESS CITY+ST-ZIP OLDSMAR, FL 34677 CITY-ST-ZIP ☐ Delete TITLE SD TITLE NAME NEILL, HARRIET NAME STREET ADDRESS 1353 FORESTEDGE BLVD STREET ADDRESS CITY - ST - ZIP OLDSMAR, FL 34677 CITY-ST-7IP **X** Addition Delete SCHUYLER, KEVIN 1354 FORESTEDGE BLVD. TITLE NAME HEYENS, NANCY NAME STREET ADDRESS 1319 FORESTEDGE BLVD STREET ADDRESS OLDSMAN, FL 34677 CITY-ST-ZIP OLDSMAR, FL 34677 CITY-ST-ZIP Addition. ☐ Change CANTEN, DAVE 1362 FORESTEDGE BLVD TITLE ☐ Delete TITLE NAME GILPIN, JUDITH NAME STREET ADDRESS 1443 BRIARGROVE WAY OLDSMAN, FL 34677 STREET ADDRESS CITY-ST-ZIP OLDSMAR, FL 34677 CITY-ST-7IP ☐ Change WOLL JEFF 1361 FONESTEDGE BLVD. TITLE ☐ Delete TITLE D NAME WATKINS, ROLAND NAME STREET ADDRESS 1158 SEDGEFIELD CT OLDSMAR, FL 34677 STREET ADDRESS CITY-ST-ZIP OLDSMAR, FL 34677 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Daytime Phone #