


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90172 021 ****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 - No P.O. Box # Suite, Apt. #, etc		3. Mailing Address	
City & State 720 Brooker Creek Blvd. #206 Oldsmar, FL 34677		Country	
Zip 34677		4. FEI Number 59-2931740	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCANNAVINO, DOMINICK 1050 A ELW PKWY OLDMAR, FL 34677		7. Name and Address of New Registered Agent Ne Str Scannavino, Inc. 720 Brooker Creek Blvd. #206 Oldsmar, FL 34677 Cit 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 <u><i>Dominick Scannavino</i></u> 4-5-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WININGER, BETH 1284 GREYBROOKE PL OLDSMAR, FL 34677	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TOTTLE, DAVID 5044 KILKENNEY CT. OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD QUERIDO, ROBERT 1349 FORESTEDGE BLVD OLDSMAR, FL 34677	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOLL, JEFF 1361 FORESTEDGE BLVD. OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NEILL, HARRIET 1353 FORESTEDGE BLVD OLDSMAR, FL 34677	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUYER, KEVIN 1354 FORESTEDGE BLVD OLDSMAR, FL 34677	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOITKEIN, BECKY 5009 KILKENNEY WAY OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILPIN, JUDITH 1443 BRIARGROVE WAY OLDSMAR, FL 34677	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORNUNG, ANTHONY 1378 FORESTEDGE BLVD. OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATKINS, ROLAND 1158 SEDGEFIELD CT OLDSMAR, FL 34677	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 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.			
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>Date Daytime Phone #</small>			