## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## May 05, 2003 8:00 am Secretary of State **DOCUMENT # N30586** 05-05-2003 90216 040 \*\*\*\*61.25 ABERDEEN HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 1050 A ELW PKWY 1050 A ELW PKWY OLDMAR FL 34677 OLDMAR FL 34677 us US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2931740 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCANNAVINO, DOMINICK Street Address (P.O. Box Number is Not Acceptable) 1050 A ELW PKWY OLDMAR FL 34677 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD TITLE ☐ Delete TITLE Addition ☐ Change LETZEISEN, ROBERT, 1429 CORESTEDGE BLVD. NAME TAYLOR, JAKE NAME STREET ADDRESS **5045 CAMBERLEY LANE** STREET ADDRESS OLDSMAR, FL 34677 CITY-ST-ZIP OLDSMAR FL 34677 CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE 📉 Change MARTINEZ, JAIME NAME NAME STREET ADDRESS 1350 BRIARGROVE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OLDSMAR FL 34677 ☐ Delete ☐ Change CERUTTI, JOHN NAME **NEILL, HARRIET** NAME 4960 STONELEIGH PL. STREET ADDRESS 1353 FORESTEDGE BLVD STREET ADDRESS 0235MAR, FL 34677 CITY-ST-ZIP CITY-ST-ZIP OLDSMAR FL 34677 ☐ Delete TITLE TITLE ☐ Change **Addition** NAME TOTTLE, DAVID NAME EYENS, NANCY 319 CORESTEDGE BLUD. STREET ADDRESS **5044 KILKENNEY COURT** STREET ADDRESS SLOSMAR, FL 34677 CITY-ST-ZIP CITY-ST-7iP OLDSMAR FL TITLE **Addition** TITLE Delete Change GILPIN, JUDITH 1158 SEDGELIELD CT. NAME NAME STREET ADDRESS 1443 BRIARGROVE WAY STREET ADDRESS OLDSMAL, FL 34677 CITY-ST-ZIP CITY-ST-ZIP OLDSMAR FL 34677 TITLE ☐ Delete TITLE ☐ 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

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

**FILED**