

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # N39613

1. Entity Name
**ABERDEEN ON GLEN HOMEOWNERS ASSOCIATION,
INC.**



Principal Place of Business

**C/O STEFAN MUECKE
615 S GLEN AVENUE
TAMPA, FL 33609 US**

Mailing Address

**C/O STEFAN MUECKE
6006 BRIDGEGATE AVENUE
LITHIA, FL 33547 US**



04042008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3023857

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MUECKE, STEFAN
615 S GLEN AVE
TAMPA, FL 33609**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000286170
04/18/08-80044-018 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BIALOW, DAVID
617 S GLEN AVE
TAMPA, FL 33609**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
MUECKE, STEFAN
615 S GLEN AVE
TAMPA, FL 33609**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ANTMAN, AIME
613 S GLEN AVE
TAMPA, FL 33609**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PAYNE, LEIGH ANN
611 S GLEN AVENUE
TAMPA, FL 33609**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/08

Date

(813) 245-7257

Daytime Phone #