

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000004127 (3)**  
1. Corporation Name  
**ABERDEEN MOBILE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>12 GREEN FOREST DR. ORMOND BEACH FL 32174</b>	Mailing Address <b>12 GREEN FOREST DR. ORMOND BEACH FL 32174</b>
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3. Date Incorporated or Qualified <b>07/22/1997</b>		
4. FEI Number <b>59-8464951</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**CUSACK, THOMAS J  
12 GREEN FOREST DR.  
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	DE LUCA, JOSEPH	
STREET ADDRESS	28 GREEN FOREST DR.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MOTOLA, ANTHONY	
STREET ADDRESS	7 GREEN FOREST DR.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	CUSACK, THOMAS J	
STREET ADDRESS	12 GREEN FOREST DR.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	GLOWACZ, HARRIET	
STREET ADDRESS	21 GREEN FOREST DR.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BELL, ROBERT	
STREET ADDRESS	33 BLUEWATER LAKE CIR.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> DELETE
NAME	QUINN, ROBERT R	
STREET ADDRESS	7 BLUEWATER LAKE CIR.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>RIZZI, STEPHAN</b>
1.3 STREET ADDRESS	<b>25 BLUEWATER LAKE CIRCLE</b>
1.4 CITY-ST-ZIP	<b>ORMOND BEACH, FL 32174</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>QUINN, ROBERT R</b>
2.3 STREET ADDRESS	<b>33 BLUEWATER LAKE CIRCLE</b>
2.4 CITY-ST-ZIP	<b>ORMOND BEACH FL, 32174</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>CUSACK THOMAS J.</b>
3.3 STREET ADDRESS	<b>12 GREEN FOREST DRIVE</b>
3.4 CITY-ST-ZIP	<b>ORMOND BEACH, FL 32174</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>GLOWACZ, HARRIET</b>
4.3 STREET ADDRESS	<b>21 GREEN FOREST DRIVE</b>
4.4 CITY-ST-ZIP	<b>ORMOND BEACH, FL 32174</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>BELL, ROBERT</b>
5.3 STREET ADDRESS	<b>33 BLUE WATER LAKE CIRCLE</b>
5.4 CITY-ST-ZIP	<b>ORMOND BEACH, FL 32174</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>OPHOVEN, JOHN</b>
6.3 STREET ADDRESS	<b>8 GREEN FOREST DRIVE</b>
6.4 CITY-ST-ZIP	<b>ORMOND BEACH, FL 32174</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Thomas J. Cusack** SECRETARY-REGISTERED AGENT 4/22/98 904-672-5729

CR2E037 (10/97)