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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000004127

1. Corporation Name
ABERDEEN MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
 12 GREEN FOREST DR.
 ORMOND BEACH FL 32174

Mailing Address
 12 GREEN FOREST DR.
 ORMOND BEACH FL 32174



| | | | | | |
|--------------------------------|--|---------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 112 CYPRESS GROVE LANE | | 26 112 CYPRESS GROVE LANE | | 07/22/1997 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-3464951 | |
| City & State | | City & State | | Applied For | |
| 23 ORMOND BEACH FL. | | 28 ORMOND BEACH FL. | | Not Applicable | |
| Zip | | Zip | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| Country | | Country | | \$8.75 Additional Fee Required | |
| 24 32174 | | 29 32174 | | 30 VOLUSIA | |
| Country | | Country | | 6. Election Campaign Financing | |
| 25 VOLUSIA | | 29 32174 | | Trust Fund Contribution <input type="checkbox"/> | |
| Country | | Country | | \$5.00 May Be Added to Fees | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| CUSACK, THOMAS J 12 GREEN FOREST DR. ORMOND BEACH FL 32174 | | | | 81 Name LUCIEN TROXLER | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 112 CYPRESS GROVE LANE | | | |
| | | | | 83 | | | |
| | | | | 84 City ORMOND BEACH FL 85 Zip Code 32174 | | | |

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: *Lucien Troxler* DATE: **2/22/99**
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | DP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RIZZI, STEPHEN | 1.2 NAME | |
| STREET ADDRESS | 25 BLUEWATER LAKE CIRCLE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OPHOVEN, JOHN | 2.2 NAME | |
| STREET ADDRESS | 8 GREEN FOREST DR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | 2.4 CITY-ST-ZIP | |
| TITLE | DS <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | SECRETARY DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CUSACK, THOMAS J | 3.2 NAME | JOHN BRINK |
| STREET ADDRESS | 12 GREEN FOREST DR. | 3.3 STREET ADDRESS | 22 CYPRESS GROVE LANE |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | 3.4 CITY-ST-ZIP | ORMOND BEACH FL. 32174 |
| TITLE | DT <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | TREASURER DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GLOWACZ, HARRIET | 4.2 NAME | LUCIEN TROXLER |
| STREET ADDRESS | 21 GREEN FOREST DR. | 4.3 STREET ADDRESS | 112 CYPRESS GROVE LANE |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | 4.4 CITY-ST-ZIP | ORMOND BEACH FL. 32174 |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BELL, ROBERT | 5.2 NAME | |
| STREET ADDRESS | 33 BLUEWATER LAKE CIR. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | 5.4 CITY-ST-ZIP | |
| TITLE | DV <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | Vice President DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | QUINN, ROBERT R | 6.2 NAME | JOSEPH DELUCA |
| STREET ADDRESS | 7 BLUEWATER LAKE CIR. | 6.3 STREET ADDRESS | 26 GREEN FOREST DRIVE |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | 6.4 CITY-ST-ZIP | ORMOND BEACH FL. 32174 |

14. 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 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, with all other like empowered.

SIGNATURE: *Lucien Troxler* DATE: **2/22/99** DAYTIME PHONE: **904 646-4933**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)

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