2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004127

ABERDEEN MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 112 CYPRESS GROVE LANE

Mailing Address

ORMOND BEACH FL 32174

112 CYPRESS GROVE LANE ORMOND BEACH FL 32174-8235

2. Principal Place of Business 3. Mailing Address Suite Apt # etc Suite, Apt. #, etc. FILED Apr 13, 2000 8:00 am Secretary of State

04-13-2000 90024 039 ****61.25

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Suite, Apt. #, etc.		dulte, Apt. #, etc.			DO NOT WHITE IN THIS S	IAOL	
City & State		City & State		4. FEI Number		A	pplied For
					59-3464951	N	ot Applicable
Zip	Country	Zip Country		5. Certificate o	5. Certificate of Status Desired		
	6. Name and Address of Current F	Registered Agent	`	7. Name and A	ddress of New Registered A	gent	
			Name			•	
TROXLER, LUCIEN			Street A	Street Address (P.O. Box Number is Not Acceptable)			
	ESS GROVE LANE						1
UKMUNU	BEACH FL 32174		City	 	FL	Zip Coo	ie et
	·	,					
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office o	r registered agent, or both,	in the state of Florida.		
Volonia funció	r f						
SIGNATURE: Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
	·						
FILE NOW: 9. Election Campaign Finance			inancina	¢5.00	Make Check P	evehle t	,
	FEE IS \$61.25	Trust Fund Contributi		\$5.00 May Be Added to Fees	Department of State		,
	1 22 13 401.23				p (v		
10.	. OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHAI	NGES TO OFFICERS AND DIR	ECTORS II	V 10
TITLE	DP	☐ Delete	TITLE	⊅		Change	☐ Addition
NAME	RIZZI, STEPHEN		NAME	RIZZI, STE	Phen		
STREET ADDRESS	25 BLUEWATER LAKE CIRCLE		STREET ADDRESS	25 BLUENAT	or Lake Ciecle]]
CITY-ST-ZIP	ORMOND BEACH FL 32174		CITY-ST-ZIP		eACH FL. 3217	<u>*</u>	
TITLE	D	🔀 Delete	TITLE	5 0		☐ Change	Addition
NAME	OPHOVEN, JOHN		NAME	BORNSTEIN	HILEN FROVE LANE		}
STREET ADDRESS	8 GREEN FOREST DR		STREET ADDRESS				
CITY-ST-ZIP	ORMOND BEACH FL 32174		CITY-ST-ZIP		4 FL 32174		To dellate
TITLE	DS	☐ Delete	THTLE	DV		☐ Change	Addition
NAME STREET ADDRESS	BRINK, JOHN		NAME STREET ADDRESS	KLINGELE, J, 126 CYPRESS	AMES Eewa Lave		1
CITY-ST-ZIP	22 CYPRESS GROVE LANE		CITY-ST-ZIP		C# FL. 32174		1
TITLE	ORMOND BEACH FL 32174	□ Delete	TITLE	D		☐ Change	Addition
NAME	TROXLER, LUCIEN	□ neiete	NAME	CASCID FREL			٠.٥٥١١٥١٠ ليمر
STREET ADDRESS	112 CYPRESS GROVE LANE		STREET ADDRESS	44 CYPRESS	GROVE LANE		1
CITY-ST-ZIP	ORMOND BEACH FL 32174		CITY-ST-ZIP		4CH FL. 32174		
TITLE	D	Delete	TITLE	7		☐ Change	Addition
NAME	BELL, ROBERT		NAME	CALCAGNO TA	LVATORE		
STREET ADDRESS	33 BLUEWATER LAKE CIR.	ı	STREET ADDRESS	66 CYPRESS 6	FROVE LANG		1
CITY-ST-ZIP	ORMOND BEACH FL 32174		CITY-ST-ZIP	ORMOND BO	ACH FL. 32179	4	
TITLE	DV ;	Delete	TITLE	D	ACH FL 32175 PRT LAKE CIRCLE	Change	Addition
NAME	DELUCA, JOSEPH	- '	NAME	QUINN KOB	ert cienta		{
STREET ADDRESS	26 GREEN FOREST DR		STREET ADDRESS	7 BLUEWATER	LAKE CKUZE		
CITY-ST-ZIP	ORMOND BCH FL 32174	<u></u>	CITY-ST-ZIP	DRMOND B	4 CH FL. 371	74	

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 trusted 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 REQUIRED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00 (904)

Attachment D#N9700004127 COD60062

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DORSEY, ROBERT

94 CYPRISS GROVE LANCE

0.8 MOND BEADY FL. 32174

D
MATTHEWS, John
19 CYPRESS GROVE LANCE
ARMOND BEACH FL. 32174

D TENEBRUSO, CATHERINE

49 CYPRESS FROVE LANE

ORMOND BEACH FL. \$2174