

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90097 007 \*\*\*\*61.25

**DOCUMENT # N97000004127**

1. Entity Name

**ABERDEEN MOBILE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

112 CYPRESS GROVE LANE  
 ORMOND BEACH FL 32174

112 CYPRESS GROVE LANE  
 ORMOND BEACH FL 32174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3464951**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**TROXLER, LUCIEN**  
 112 CYPRESS GROVE LANE  
 ORMOND BEACH FL 32174

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

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

**Make Check Payable to  
 Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RIZZI, STEPHEN</b> <b>25 BLUEWATER LAKE CIRCLE</b> <b>ORMOND BEACH FL 32174</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>BORNSTEIN, ALLEN</b> <b>58 CYPRESS GROVE LANE</b> <b>ORMOND BEACH FL 32174</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>BRINK, JOHN</b> <b>22 CYPRESS GROVE LANE</b> <b>ORMOND BEACH FL 32174</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>TROXLER, LUCIEN</b> <b>112 CYPRESS GROVE LANE</b> <b>ORMOND BEACH FL 32174</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>KLINGELE, JAMES</b> <b>126 CYPRESS GROVE LANE</b> <b>ORMOND BEACH FL 32174</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CASCIO, FRED</b> <b>44 CYPRESS GROVE LANE</b> <b>ORMOND BCH FL 32174</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>DORSEY, ROBERT</b> <b>94 CYPRESS GROVE LANE</b> <b>ORMOND BEACH FL 32174</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOENSTEIN, ALLEN</b> <b>58 CYPRESS GROVE LANE</b> <b>ORMOND BEACH FL 32174</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LAZARUS, ERWIN</b> <b>50 BLUEWATER LAKE CIRCLE</b> <b>ORMOND BEACH FL 32174</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>QUINN, ROBERT</b> <b>7 BLUEWATER LAKE CIRCLE</b> <b>ORMOND BEACH FL 32174</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>KLINGELE, JAMES</b> <b>126 CYPRESS GROVE LANE</b> <b>ORMOND BEACH FL 32174</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MIAM, RUTH</b> <b>66 BEAVER LAKE CIRCLE</b> <b>ORMOND BEACH FL 32174</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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.

**SIGNATURE:** *Troxler, Lucien* **REQUIRED** *Troxler, Lucien*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: *4/4/01* Daytime Phone #: *904 615-4933*

04 3004  
 CRE037 (10/00)