

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90054 002 \*\*\*\*61.25

**DOCUMENT # N97000004127**

1. Entity Name

**ABERDEEN MOBILE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

**50 BEAVER LAKE CIRCLE**  
**112 CYPRESS GROVE LANE**  
**ORMOND BEACH FL 32174**

Mailing Address

**50 BEAVER LAKE CIRCLE**  
**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

Zip

Country

Zip

Country

4. FEI Number

**59-3464951**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **HENRY SLIDE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**50 BEAVER LAKE CIRCLE**  
 City **ORMOND BEACH FL** Zip Code **32174**

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

*Henry Slide*  
**HENRY SLIDE**

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

(NOTE: Registered Agent signature required when reinstating)

**4/28/02**  
 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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DORSEY, ROBERT</b>	
STREET ADDRESS	<b>94 CYPRESS GROVE LN</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BORNSTEIN, ALLEN</b>	
STREET ADDRESS	<b>58 CYPRESS GROVE LANE</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LAZARUS, ERWIN</b>	
STREET ADDRESS	<b>50 BLUEWATER LAKE CIRCLE</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>	
TITLE	<b>DT</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TROXLER, LUCIEN</b>	
STREET ADDRESS	<b>112 CYPRESS GROVE LANE</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>	
TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KLINGELE, JAMES</b>	
STREET ADDRESS	<b>126 CYPRESS GROVE LANE</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MIHM, RUTH</b>	
STREET ADDRESS	<b>66 BEAVER LAKE CIRCLE</b>	
CITY-ST-ZIP	<b>ORMOND BCH FL 32174</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>DP ALEXANDER, LOUIS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DP ALEXANDER, LOUIS</b>	
STREET ADDRESS	<b>19 BEAVER LAKE CIRCLE</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SLIDE, HENRY</b>	
STREET ADDRESS	<b>50 BEAVER LAKE CIRCLE</b>	
CITY-ST-ZIP	<b>ORMOND BEACH, FL 32174</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KYNADY, JACK</b>	
STREET ADDRESS	<b>38 BEAVER LAKE CIRCLE</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PARKER, VIRGINIA</b>	
STREET ADDRESS	<b>866N FOREST DRIVE</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BERCE, NORMAN</b>	
STREET ADDRESS	<b>121 DEBRUN LAKE DRIVE</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LADAU, NORMAN</b>	
STREET ADDRESS	<b>33 GARDEN FOREST DRIVE</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>	

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

**4/28/02 (386) 676-5700**

Date Daytime Phone #

CR2E037 (9/01)