


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91223 022 \*\*\*\*61.25

**DOCUMENT # N97000004127**

1. Entity Name  
**ABERDEEN MOBILE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**50 BEAVER LAKE CIR.  
ORMOND BEACH FL 32174**      **50 BEAVER LAKE CIR.  
ORMOND BEACH FL 32174**

2. Principal Place of Business      3. Mailing Address

**103 GREEN FOREST DR.  
ORMOND BEACH, FL**      **103 GREEN FOREST DR.  
ORMOND BEACH, FL**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**ORMOND BEACH, FL**      **ORMOND BEACH, FL**


City & State      City & State

Zip      Country      Zip      Country

**32174-8160**      **32174-8160**

6. Name and Address of Current Registered Agent

**SLIDE, HENRY  
50 BEAVER LAKE CIR.  
ORMOND BEACH FL 32174**



MOORE      CR2E037 (11/03)

4. FEI Number      Applied For

**59-3464951**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name **TARMEY, JOHN**

Street Address (P.O. Box Number is Not Acceptable) **103 GREEN FOREST DRIVE**

**ORMOND BEACH**

City      FL      Zip Code **32174-8160**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John J. Tarmey*      **JOHN J. TARMEY**      **4-28-04**

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  
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALEXANDER, LOUIS 19 BEAVER LAKE CIR. ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SLIDE, HENRY 50 BEAVER LAKE CIR. ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAZARUS, ERWIN 50 BLUEWATER LAKE CIRCLE ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, VIRGINIA 8 GREEN FOREST DR. ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LYNADY, JACK 38 BEAVER LAKE CIR. ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGE, NORMAN 121 DEERRUN LAKE DRIVE ORMOND BCH FL 32174	<input checked="" type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KAPIOSKI, JOHN 283 WOODSIDE LAKE DRIVE ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NORVILLE LOUISE 59 BEAVER LAKE CIRCLE ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TARMEY, JOHN 103 GREEN FOREST DRINE ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINN, ROBERT 7 BLUEWATER LAKE CIRCLE ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLINGELE, JIM 126 CYPRESS GROVE LANE ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, GEORGE 281 WOODSIDE LAKE DRIVE ORMOND BEACH, FL 32174	<input checked="" 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: *John J. Tarmey*      **JOHN J. TARMEY**      **4-28-04**      **386-677-5567**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #