
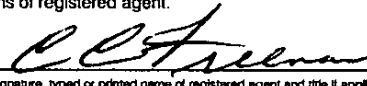
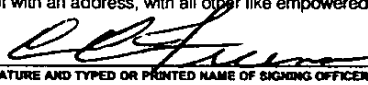


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90229 010 ****61.25

| | | | |
|--|--|---|---|
| DOCUMENT # N97000004127 | |  | |
| 1. Entity Name ABERDEEN MOBILE HOMEOWNERS ASSOCIATION, INC. | | | |
| Principal Place of Business 103 GREEN FOREST DR. ORMOND BEACH, FL 32174-8160 | | Mailing Address 103 GREEN FOREST DR. ORMOND BEACH, FL 32174-8160 | |
| 2. Principal Place of Business 39 PINEVIEW LAKE CIR | | 3. Mailing Address 39 PINEVIEW LAKE CIR | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State ORMOND BEACH, FL | | City & State ORMOND BEACH, FL | |
| Zip 32174-8161 | Country USA | Zip 32174-8161 | Country USA |
| 4. FEI Number 59-3464951 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TARMEY, JOHN 103 GREEN FOREST DR. ORMOND BEACH, FL 32174-8160 | | 7. Name and Address of New Registered Agent Name FREEMAN, C.C. Street Address (P.O. Box Number is Not Acceptable) 39 PINEVIEW LAKE CIRCLE City ORMOND BEACH FL Zip Code 32174-8161 | |
| 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  | | DATE 1/13/2006 | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | |
| | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ALEXANDER, EDNA 19 BEAVER LAKE CIR ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D ALEXANDER, EDNA 19 BEAVER LAKE CIR ORMOND BEACH, FL 32174 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV MARGALOTTI, FRANCIS 58 GREEN FOREST DR ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P/D MARGALOTTI, FRANCIS 58 GREEN FOREST DRIVE ORMOND BEACH, FL 32174 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT TARMEY, JOHN 103 GREEN FOREST DRIVE ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T/D FREEMAN, C.C. 39 PINEVIEW LAKE CIR ORMOND BEACH, FL 32174 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D QUINN, ROBERT 7 BLUEWATER LAKE CIRCLE ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S/D CITRON, CAROL 16 BLUEWATER LAKE CIR |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DAVIS, SONNY 47 PINEVIEW LAKE CIR ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V/D DAVIS SONNY 47 PINEVIEW LAKE CIR ORMOND BEACH, FL 32174 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WAVREK, RAYMOND 118 GREEN FOREST DR ORMOND BCH, FL 32174 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D LADAU, ERWIN 33 GREEN FOREST DRIVE ORMOND BEACH, FL 32174 |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  | | DATE 1/13/2006 Daytime Phone # 386-672-6217 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR C. C. FREEMAN | | | |

ATTACHMENT

6006 1799

N97000004127

BLOCK 11 (Continued)

TITLE: D ADDITION
NAME: ALBERT, STUART
STREET ADDRESS: 112 GREEN FOREST DRIVE
CITY-ST-ZIP: ORMOND BEACH, FL 32174

TITLE: D ADDITION
NAME: McGARITY, JANE
STREET ADDRESS: 29 PINEVIEW LAKE CIRCLE
CITY-ST-ZIP: ORMOND BEACH, FL 32174

TITLE: D ADDITION
NAME: HERBERT, DIANE
STREET ADDRESS: 52 PINEVIEW LAKE CIRCLE
CITY-ST-ZIP: ORMOND BEACH, FL 32174

TITLE: D ADDITION
NAME: DART, AMELIA
STREET ADDRESS: 176 BLUE HERON LAKE DRIVE
CITY-ST-ZIP: ORMOND BEACH, FL 32174