


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90050 047 ****61.25

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1. Entity Name
ABERDEEN MOBILE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
39 PINEVIEW LAKE CIR
ORMOND BEACH, FL 32174-8161

Mailing Address
39 PINEVIEW LAKE CIR
ORMOND BEACH, FL 32174-8161



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country
 Zip Country

01072007 Chg-NP CR2E037 (12/06)

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

FREEMAN, C.C.
39 PINEVIEW LAKE CIRCLE
ORMOND BEACH, FL 32174-8161

7. Name and Address of New Registered Agent

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

SIGNATURE _____ DATE _____
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, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, EDNA		NAME	DAVIS, SONNY	
STREET ADDRESS	19 BEAVER LAKE CIR		STREET ADDRESS	47 PINEVIEW LAKE CIRCLE	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGALOTTI, FRANCIS		NAME	FREEMAN, C.C.	
STREET ADDRESS	58 GREEN FOREST DR		STREET ADDRESS	39 PINEVIEW LAKE CIRCLE	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREEMAN, C C		NAME	TARMEY, JOHN	
STREET ADDRESS	39 PINEVIEW LAKE CIR		STREET ADDRESS	103 GREEN FOREST DRIVE	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CITRON, CAROL		NAME	MARGALOTTI, FRANCIS	
STREET ADDRESS	16 BLUEWATER CIR		STREET ADDRESS	58 GREEN FOREST DRIVE	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, SONNY		NAME	LADAU, ERWIN	
STREET ADDRESS	47 PINEVIEW LAKE CIR		STREET ADDRESS	33 GREEN FOREST DRIVE	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KADAY, ERWIN		NAME	DART, AMELIA	
STREET ADDRESS	33 GREEN FOREST DRIVE		STREET ADDRESS	176 BLUE HERON LAKE CIRCLE	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	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: C.C. FREEMAN VICE PRESIDENT/REG. AGENT/DIRECTOR 1/8/2007 386-672-6217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #