


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90068 013 ****61.25

DOCUMENT # N97000004127			
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 # 103 GREEN FOREST DR.		3. Mailing Address 103 GREEN FOREST DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORMOND BEACH FL		City & State ORMOND BEACH, FL	
Zip 32174	Country USA	Zip 32174	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 FREEMAN, C.C. 39 PINEVIEW LAKE CIRCLE ORMOND BEACH, FL 32174-8161		7. Name and Address of New Registered Agent Name TARMEY JOHN J. Street Address (P.O. Box Number is Not Acceptable) 103 GREEN FOREST DRIVE ST 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE JOHN J. TARMEY <i>John J. Tarmey</i> TREASURER		DATE 4/15/08	
Filing Fee is \$61.25 Due by May 1, 2008		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 DAVIS, SONNY 47 PINEVIEW LAKE CIRCLE ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FREEMAN, C.C. 39 PINEVIEW LAKE CIRCLE ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TARMEY, JOHN 103 GREEN FOREST DRIVE ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARGALOTTI, FRANCIS 56 GREEN FOREST DRIVE ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LADAU, ERWIN 33 GREEN FOREST DRIVE ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete	TITLE D/S NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DART, AMELIA 176 BLUE HERON LAKE CIRCLE ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete	TITLE D/V NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		SOLGAN, EVELYN 10 BLUEWATER LAKE CIRCLE ORMOND BEACH, FL 32174	
		BABIEC, BEVERLY 67 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: John J. Tarmey Treasurer <i>John J. Tarmey</i>		DATE 4/15/08 Phone 386-677-5567	