

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005228

**FILED**  
**Apr 24, 2017**  
**Secretary of State**  
**CC4497647042**

**Entity Name:** ABERDEEN AT KINGS RIDGE NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

6972 LAKE GLORIA BLVD.  
ORLANDO, FL 32809-3200

**Current Mailing Address:**

6972 LAKE GLORIA BLVD.  
ORLANDO, FL 32809-3200

**FEI Number:** 59-3695939

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LELAND MANAGEMENT  
6972 LAKE GLORIA BLVD.  
ORLANDO, FL 32809-3200 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name MAURY, STEVEN C  
Address 3674 ROLLINGBROOK ST  
City-State-Zip: CLERMONT FL 34711

Title VPD  
Name KOSHOREK, LARRY  
Address 3485 ROLLINGBROOK ST  
City-State-Zip: CLERMONT FL 34711

Title SD  
Name BEDDER, PAUL  
Address 2160 ADDISON AVENUE  
City-State-Zip: CLERMONT FL 34711

Title TD  
Name PERFETTO, RAMON  
Address 2182 BURLEY AVE  
City-State-Zip: CLERMONT FL 34711

Title D  
Name SUTHERLAND, BEVERLY J  
Address 2130 BURLEY AVE  
City-State-Zip: CLERMONT FL 34711

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEVEN MAURY

**PRESIDENT**

**04/24/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date