

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100000773

Entity Name: ABERDEEN CREEK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6554 KRYCUL AVENUE
RIVERVIEW, FL 33578-4330

Current Mailing Address:

C/O EXCELSIOR COMMUNITY MANAGEMENT LLC
6554 KRYCUL AVE
RIVERVIEW, FL 33578-4330 US

FEI Number: 59-3745763

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBERTSON, JENNIFER M
C/O EXCELSIOR COMMUNITY MANAGEMENT LLC
6554 KRYCUL AVENUE
RIVERVIEW, FL 33578-4330 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: JENNIFER M ROBERTSON

06/23/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT
Name BOWES, MARK R
Address 6554 KRYCUL AVENUE
City-State-Zip: RIVERVIEW FL 33578-4330

Title DIRECTOR, VICE PRESIDENT
Name DELSAVIO, RONALD L
Address 6554 KRYCUL AVENUE
City-State-Zip: RIVERVIEW FL 33578-4330

Title DIRECTOR, SECRETARY
Name LOCKWOOD, GLEN L
Address 6554 KRYCUL AVENUE
City-State-Zip: RIVERVIEW FL 33578-4330

Title DIRECTOR, TREASURER
Name REISS, CLIFFORD A
Address 6554 KRYCUL AVENUE
City-State-Zip: RIVERVIEW FL 33578-4330

Title DIRECTOR
Name LASKOWSKI, JOHN
Address 6554 KRYCUL AVENUE
City-State-Zip: RIVERVIEW FL 33578-4330

Title NON-MEMBER LICENSED
COMMUNITY ASSOCIATION
MANAGER
Name ROBERTSON, JENNIFER M
Address 6554 KRYCUL AVENUE
City-State-Zip: RIVERVIEW FL 33578-4330

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: JENNIFER M ROBERTSON

LCAM

06/23/2020

Electronic Signature of Signing Officer/Director Detail

Date