

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004127

FILED
Mar 18, 2020
Secretary of State
4183344502CC

Entity Name: ABERDEEN MOBILE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

243 BLUE HERON LAKE CIRCLE
ORMOND BEACH, FL 32174

Current Mailing Address:

P.O. BOX 730071
ORMOND BEACH, FL 32173 US

FEI Number: 59-3464951

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEE JAY COLLING & ASSOCIATES, P.A.
529 VERSAILLES DRIVE
SUITE 103
MAITLAND, FL 32751 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: LEE JAY COLLING

03/18/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name HASTIE, DEBORAH
Address P.O. BOX 730071
City-State-Zip: ORMOND BEACH FL 32173

Title DIRECTOR
Name WARNICKE, ROBERT
Address P.O. BOX 730071
City-State-Zip: ORMOND BEACH FL 32173

Title VP
Name ULAS, RHODA
Address P.O. BOX 730071
City-State-Zip: ORMOND BEACH FL 32173

Title DIRECTOR
Name WISE, LINDA
Address P.O. BOX 730071
City-State-Zip: ORMOND BEACH FL 32173

Title DIRECTOR
Name BARR , JERRY
Address P.O. BOX 730071
City-State-Zip: ORMOND BEACH FL 32173

Title PRESIDENT
Name GWINN, THOMAS
Address P.O. BOX 730071
City-State-Zip: ORMOND BEACH FL 32173

Title DIRECTOR
Name ROGER , VRABLE
Address P.O. BOX 730071
City-State-Zip: ORMOND BEACH FL 32173

Title DIRECTOR
Name GIANNONE, FRANK
Address P.O. BOX 730071
City-State-Zip: ORMOND BEACH FL 32173

Continues on page 2

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: DEBORAH L. HASTIE

TREASURER

03/18/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BERLEPSCH, ED
Address P.O. BOX 730071
City-State-Zip: ORMOND BEACH FL 32173

Title DIRECTOR
Name BRUDER, LIZ
Address 243 BLUE HERON LAKE CIRCLE
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name PETERSON, CAROL
Address P.O. BOX 730071
City-State-Zip: ORMOND BEACH FL 32173