

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000004127

**Entity Name:** ABERDEEN MOBILE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Jan 29, 2018**  
**Secretary of State**  
**CC2806454929**

**Current Principal Place of Business:**

243 BLUE HERON LAKE CIRCLE  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

P.O. BOX 730071  
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**

**01/29/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            REARDEN, ROY  
Address        30 CYPRESS GROVE LANE  
City-State-Zip: ORMOND BEACH FL 32174

Title            DIRECTOR  
Name            HUGO, LISA  
Address        83 GREEN FOREST DR  
City-State-Zip: ORMOND BEACH FL 32174

Title            TREASURER  
Name            HASTIE, DEBORAH  
Address        243 BLUE HERON LAKE CIRCLE  
City-State-Zip: ORMOND BEACH FL 32174

Title            DIRECTOR  
Name            WARNICKE, ROBERT  
Address        116 DEER RUN LAKE DRIVE  
City-State-Zip: ORMOND BEACH FL 32174

Title            SECRETARY  
Name            ULAS, RHODA  
Address        253 BLUE HERON LAKE CIRCLE  
City-State-Zip: ORMOND BEACH FL 32174

Title            DIRECTOR  
Name            LEMMING, JOYCE  
Address        47 CYPRESS GROVE LANE  
City-State-Zip: ORMOND BEACH FL 32174

Title            DIRECTOR  
Name            WISE, LINDA  
Address        159 DEER RUN LAKE DRIVE  
City-State-Zip: ORMOND BEACH FL 32174

Title            DIRECTOR  
Name            GAITHER, HARRY  
Address        136 DEER RUN LAKE DRIVE  
City-State-Zip: ORMOND BEACH FL 32174

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*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 HASTIE**

**TREASURER**

**01/29/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BARR , JERRY  
Address 8 GREEN FOREST DRIVE  
City-State-Zip: ORMOND BEACH FL 32174

Title VP  
Name GWINN, THOMAS  
Address 105 DEER RUN LAKE DRIVE  
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR  
Name BURROWS, MADDY  
Address 242 BLUE HERON LAKE CIRCLE  
City-State-Zip: ORMOND BEACH FL 32174