

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004127

FILED
Jan 10, 2015
Secretary of State
CC1470968096

Entity Name: ABERDEEN MOBILE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

243 BLUE HERON LAKE CIRCLE
ORMOND BEACH, FL 32174

Current Mailing Address:

243 BLUE HERON LAKE CIRCLE
ORMOND BEACH, FL 32174 US

FEI Number: 59-3464951

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HASTIE, DEBORAH L
243 BLUE HERON LAKE CIRCLE
ORMOND BEACH, FL 32174 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: DEBORAH HASTIE

01/10/2015

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 SECRETARY
Name JACKELLEN, MARY
Address 45 CYPRESS GROVE LANE
City-State-Zip: ORMOND BEACH FL 32174

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

Title DIRECTOR
Name NUNZIATO, WALTER
Address 98 GREEN FOREST DRIVE
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name JACKSON, KEN
Address 88 GREEN FOREST DR
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name STOCKHOLM, CLYDE
Address 12 BLUEWATER LAKE CIRCLE
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

01/10/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MCGARITY, JANE
Address 28 PINEVIEW LAKE CR
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name BERLEPSCH, EDWARD
Address 12 PINEVIEW LAKE CIRCLE
City-State-Zip: ORMOND BEACH FL 32174