

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000004127

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

**FILED**  
**Feb 07, 2021**  
**Secretary of State**  
**8107805209CC**

**Current Principal Place of Business:**

253 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**

**02/07/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title           PRESIDENT  
Name           GWIN, 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           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

Title           DIRECTOR  
Name           LAMBIE, KATHERYN  
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: RHODA ULAS**

**TREASURER**

**02/07/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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