

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000004127

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

**Current Principal Place of Business:**

50 ALLWOOD GREEN BLVD.  
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:**

KLEMM, RUSSELL E. ESQ.  
C/O CLAYTON & MCCULLOH, P.A.  
1065 MAITLAND CENTER COMMONS BLVD.  
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:** RUSSELL E. KLEMM, ESQ.

03/30/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

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

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

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

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

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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:** ELAINE WILLEY

TREASURER

03/30/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name O'MALLEY, DOT  
Address P.O. BOX 730071  
City-State-Zip: ORMOND BEACH FL 32173

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