

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004127

Entity Name: ABERDEEN MOBILE HOMEOWNERS ASSOCIATION, INC.

FILED
Jan 19, 2022
Secretary of State
6135669930CC

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:

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.

01/19/2022

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 ULAS, RHODA
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 MIASEK, TONI
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: RHODA ULAS

TREASURER

01/19/2022

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