

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000004127

**FILED**  
**Mar 15, 2019**  
**Secretary of State**  
**3721045263CC**

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

**Current Principal Place of Business:**

243 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

03/15/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

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

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

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

Title           PRESIDENT  
Name           GWINN, THOMAS  
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:** DEBORAH L. HASTIE

TREASURER

03/15/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BURROWS, MADDY  
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 GIANNONE, FRANK  
Address P.O. BOX 730071  
City-State-Zip: ORMOND BEACH FL 32173