

2024 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.

02/17/2024

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 GAUTHIER, RHONDA
Address P.O. BOX 730071
City-State-Zip: ORMOND BEACH FL 32173

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

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

Title DIRECTOR
Name MARCHAND, CATHY
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: ELAINE WILLEY

TREASURER

02/17/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name STONE, GEORGE
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