#### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004127

Entity Name: ABERDEEN MOBILE HOMEOWNERS ASSOCIATION, INC.

FILED
Jan 18, 2016
Secretary of State
CC4918502890

#### **Current Principal Place of Business:**

243 BLUE HERON LAKE CIRCLE ORMOND BEACH, FL 32174

### **Current Mailing Address:**

243 BLUE HERON LAKE CIRCLE ORMOND BEACH. FL 32174 US

FEI Number: 59-3464951 Certificate of Status Desired: No

#### Name and Address of Current Registered Agent:

HASTIE, DEBORAH L 243 BLUE HERON LAKE CIRCLE ORMOND BEACH, FL 32174 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: DEBORAH HASTIE 01/18/2016

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT Title VP

Name REARDEN, ROY Name HUGO, LISA

Address 30 CYPRESS GROVE LANE Address 83 GREEN FOREST DR

City-State-Zip: ORMOND BEACH FL 32174 City-State-Zip: ORMOND BEACH FL 32174

Title TREASURER Title DIRECTOR

Name HASTIE, DEBORAH Name WARNICKE, ROBERT

Address 243 BLUE HERON LAKE CIRCLE Address 116 DEER RUN LAKE DRIVE
City-State-Zip: ORMOND BEACH FL 32174 City-State-Zip: ORMOND BEACH FL 32174

Title SECRETARY Title DIRECTOR

Name BERLEPSCH, EDWARD Name ULAS, RHODA

Address 12 PINEVIEW LAKE CIRCLE Address 253 BLUE HERON LAKE CIRCLE

City-State-Zip: ORMOND BEACH FL 32174 City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR Title DIRECTOR

Name SEMANICK, ROBERT Name LEMMING, JOYCE

Address 255 BLUE HERON LAKE CIRCLE Address 47 CYPRESS GROVE LANE
City-State-Zip: ORMOND BEACH FL 32174 City-State-Zip: ORMOND BEACH FL 32174

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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: DEBORAH HASTIE TREASURER 01/18/2016

Electronic Signature of Signing Officer/Director Detail

Date

Date

# Officer/Director Detail Continued:

Title DIRECTOR
Name WISE, LINDA

Address 159 DEER RUN LAKE DRIVE City-State-Zip: ORMOND BEACH FL 32174