


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90266 045 ****61.25

DOCUMENT # N12132 1. Entity Name ALOMA ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business PO BOX 868 GOLDENROD, FL 32733 US			Mailing Address PO BOX 868 GOLDENROD, FL 32733 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2771892	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARSHALL, JACK 4819 DERRY COURT ORLANDO, FL 32817				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARSHALL, JACK <input type="checkbox"/> Delete 4819 DERRY COURT ORLANDO, FL 32817			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JACKSON, DAVID <input checked="" type="checkbox"/> Delete 7984 DUNSTABLE CIR. ORLANDO, FL 32817			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PAM DUNLOP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7968 Dunstable Circle Orlando, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LACHOWICZ-CHIN, TERESA <input type="checkbox"/> Delete 7936 DUNSTABLE CIRCLE ORLANDO, FL 32817			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOODKIND, PATRICIA <input checked="" type="checkbox"/> Delete 7984 DUNSTABLE CIR. ORLANDO, FL 32817			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MATTHEWS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VICKY 7923 Nashua Lane Orlando, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC DWYER, JONI <input type="checkbox"/> Delete 4805 AMSBURY COURT ORLANDO, FL 32817			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Teresa Lachowicz-Chin, Treas.</u> 4/8/04 (407) 677-6289					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					