

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12132

FILED
Jan 29, 2009
Secretary of State

Entity Name: ALOMA ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7923 NASHUA LANE
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

PO BOX 868
GOLDENROD, FL 32733 US

New Mailing Address:

FEI Number: 59-2771892

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTHEWS, VICKY
7923 NASHUA LANE
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HEARD, CHARLES W
Address: 4803 DERRY CT
City-St-Zip: ORLANDO, FL 32817

Title: VPD () Delete
Name: HOEHN, RICHARD
Address: 8010 DUNSTABLE CR
City-St-Zip: ORLANDO, FL 32817

Title: SD () Delete
Name: FIRSTBROOK, CARL
Address: 4811 DERRY CT
City-St-Zip: ORLANDO, FL 32817

Title: TD () Delete
Name: SPENCE, MICHAEL
Address: 7924 DUNSTABLE CR
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: CHAPMAN, THOMAS
Address: 7911 THURMOND CT
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MATTHEWS, VICKY
Address: 7923 NASHUA LANE
City-St-Zip: ORLANDO, FL 32817

Title: VPD (X) Change () Addition
Name: DENNIS, BILL
Address: 7916 NASHUA LANE
City-St-Zip: ORLANDO, FL 32817

Title: SD (X) Change () Addition
Name: MAIR, SUSAN
Address: 7900 DUNSTABLE CIRCLE
City-St-Zip: ORLANDO, FL 32817

Title: TD (X) Change () Addition
Name: DUNLOP, PAM
Address: 7968 DUNSTABLE CIRCLE
City-St-Zip: ORLANDO, FL 32817

Title: D (X) Change () Addition
Name: NOLL, ROB
Address: 4802 DERRY COURT
City-St-Zip: ORLANDO, FL 32817

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VICKY MATTHEWS

PD

01/29/2009

Electronic Signature of Signing Officer or Director

Date