

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

50 MAY -1 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N32921** (1)  
1. Corporation Name  
**LAKES OF ALOMA HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**1228 BRIDLEBROOK DR.  
CASSELBERRY FL 32707  
US** **P. O. BOX 180476  
CASSELBERRY FL 32718-0476  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified **06/22/1989** 3a. Date of Last Report **05/12/1994**  
4. FEI Number **59-2957801** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. The corporation has liability for intangible tax under S. 199.022, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**HUFF, SANDRA M.  
1228 BRIDLEBROOK DR.  
CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ JAMES	1.2 NAME	
STREET ADDRESS	9498 BELMONT TERRACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	OVIEDO FL 32765	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLSON TRACY	2.2 NAME	
STREET ADDRESS	5415 ENDICOTT PLACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	OVIEDO FL 32765	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN ANDREW	3.2 NAME	
STREET ADDRESS	9443 BELMONT TERRACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	OVIEDO FL 32765	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	DVP
STREET ADDRESS		4.3 STREET ADDRESS	EDIDIN, JAMIE
CITY - ST - ZIP		4.4 CITY - ST - ZIP	5427 ENDICOTT CIR OVIEDO, FL 32765
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D
STREET ADDRESS		5.3 STREET ADDRESS	STIDHAY, MARK
CITY - ST - ZIP		5.4 CITY - ST - ZIP	9428 BROWNWOOD DR OVIEDO, FL 32765
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D
STREET ADDRESS		6.3 STREET ADDRESS	MOORE, ED
CITY - ST - ZIP		6.4 CITY - ST - ZIP	5433 ENDICOTT CIR OVIEDO, FL 32765

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the automatic data bank under Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an appointment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 4/28/95