

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



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

3. Date Incorporated or Qualified: **06/22/1989**
3a. Date of Last Report: **05/01/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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, 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (Typed or printed name of registered agent and, if not applicable, the Registered Agent Signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SCHULTZ JAMES 9496 BELMONT TERRACE OVIEDO FL 32765	11 TITLE	
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	SD NICHOLSON TRACY 5415 ENDICOTT PLACE OVIEDO FL 32765	21 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	TD SULLIVAN ANDREW 9443 BELMONT TERRACE OVIEDO FL 32765	31 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	Bohinsky, Melinda
STREET ADDRESS		33 STREET ADDRESS	9473 Belmont Terrace
CITY-ST-ZIP		34 CITY-ST-ZIP	Oviedo, FL 32765
TITLE	DVP EDIDIN, JAMIE 5427 ENDICOTT CIRCLE OVIEDO FL	41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	D SIDHAM, MARK 9428 BROWNWOOD DR OVIEDO FL	51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	D MOORE, ED 5433 ENDICOTT CIRCLE OVIEDO FL	61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Melinda Bohinsky*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96
Date: _____ Daytime Phone #: _____

CR2E037 (12/95)