


FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N32921 (1)**  
1. Corporation Name  
**LAKES OF ALOMA HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>1228 BRIDLEBROOK DR. CASSELBERRY FL 32707 US</b>	Mailing Address <b>P. O. BOX 180476 CASSELBERRY FL 32718-0476 US</b>
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3. Date Incorporated or Qualified <b>06/22/1989</b>	3a. Date of Last Report <b>03/25/1996</b>
4. FEI Number <b>59-2957801</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 Zip	25 Country
29 Zip	30 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHULTZ JAMES	
STREET ADDRESS	8496 BELMONT TERRACE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NICHOLSON TRACY	
STREET ADDRESS	5415 ENDICOTT PLACE	
CITY-ST-ZIP	OVIEDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BOHINSKY, MELINDA	
STREET ADDRESS	9473 BELMONT TERRACE	
CITY-ST-ZIP	OVIEDO FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	EDIDIN, JAMIE	
STREET ADDRESS	5427 ENDICOTT CIRCLE	
CITY-ST-ZIP	OVIEDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SIDHAM, MARK	
STREET ADDRESS	9428 BROWNWOOD DR	
CITY-ST-ZIP	OVIEDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOORE, ED	
STREET ADDRESS	5433 ENDICOTT CIRCLE	
CITY-ST-ZIP	OVIEDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCHULTZ, JAMES	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T/SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BOHINSKY, MELINDA	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HOFFEDITZ, TOM	
4.3 STREET ADDRESS	9446 BROWNWOOD COURT	
4.4 CITY-ST-ZIP	OVIEDO-FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MOORE, ED	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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* 5/1/97

CR2E037 (9/96)