

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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  
4. FEI Number: 59-2957801  
Applied For: Not Applicable

2. Principal Place of Business: Turnkey Real Estate, 81 W. Michigan St., Orlando, FL 32804, USA  
2a. Mailing Address: Turnkey Real Estate, 81 W. Michigan St., Orlando, FL 32804, USA

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. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  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: Smith, Christi; 82 Street Address: Turnkey Real Estate; 83 81 W. Michigan Street; 84 City: Orlando, FL; 85 Zip Code: 32804

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: Christi Smith (Christi Smith)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHULTZ, JAMES	
STREET ADDRESS	9496 BELMONT TERRACE	
CITY-ST-ZIP	OVIDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NICHOLSON TRACY	
STREET ADDRESS	5415 ENDICOTT PLACE	
CITY-ST-ZIP	OVIDO FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	BOHNSKY, MELINDA	
STREET ADDRESS	9473 BELMONT TERRACE	
CITY-ST-ZIP	OVIDO FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HOFFEDITZ, TOM	
STREET ADDRESS	9446 BROWNWOOD CT	
CITY-ST-ZIP	OVIDO FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, ED	
STREET ADDRESS	5433 ENDICOTT CIRCLE	
CITY-ST-ZIP	OVIDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	Willard, Debbie	
1.3 STREET ADDRESS	5464 Endicott Place	
1.4 CITY-ST-ZIP	OVIDO, FL 32705	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Kurt Kenoe	
4.3 STREET ADDRESS	9445 Brownwood Ct.	
4.4 CITY-ST-ZIP	OVIDO, FL 32705	
5.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Louis Morgan	
5.3 STREET ADDRESS	9503 Belmont Terrace	
5.4 CITY-ST-ZIP	OVIDO, FL 32705	
6.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Blake Holton	
6.3 STREET ADDRESS	5446 Endicott Place	
6.4 CITY-ST-ZIP	OVIDO, FL 32705	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: K.P. Kenoe  
Date: 3/30/98  
Daytime Phone #: 407 772-0200

CR2E037 (10/97)