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**Apr 08, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N32921**

1. Corporation Name  
**LAKES OF ALOMA HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

87 W MICHIGAN ST  
 ORLANDO FL 32806  
 US

Mailing Address

87 W MICHIGAN ST  
 ORLANDO FL 32806  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/22/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2957801	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip Country		Zip Country		24 25 29 30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WMITH, C 87 W MICHIGAN ST ORLANDO FL 32806				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLARD, D	1.2 NAME	Bernie Hixon
STREET ADDRESS	5464 ENDICOTT PL	1.3 STREET ADDRESS	5410 Endicott Place
CITY-ST-ZIP	OVIEDO FL 32765	1.4 CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLSON TRACY	2.2 NAME	Tracey Nicholson
STREET ADDRESS	5415 ENDICOTT PLACE	2.3 STREET ADDRESS	5415 Endicott Place
CITY-ST-ZIP	OVIEDO FL	2.4 CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	TSD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TSD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOHINSKY, MELINDA	3.2 NAME	James Schultz
STREET ADDRESS	9473 BELMONT TERRACE	3.3 STREET ADDRESS	9490 Belmont Terrace
CITY-ST-ZIP	OVIEDO FL	3.4 CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEHOE, K	4.2 NAME	
STREET ADDRESS	9445 BROWNWOOD CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765	4.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORGAN, L	5.2 NAME	JEFF BYRD
STREET ADDRESS	9503 BELMONT TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLTON, B	6.2 NAME	Blake Holton
STREET ADDRESS	5446 ENDICOTT PL	6.3 STREET ADDRESS	5446 Endicott Place
CITY-ST-ZIP	OVIEDO FL 32765	6.4 CITY-ST-ZIP	OVIEDO, FL 32765

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_