

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90225 019 ****61.25

DOCUMENT # N32921

1. Entity Name

LAKES OF ALOMA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

87 W MICHIGAN ST
 ORLANDO FL 32806
 US

87 W MICHIGAN ST
 ORLANDO FL 32806
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2957801

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WMITH, C
87 W MICHIGAN ST
ORLANDO FL 32806

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	HIXON, BERNIE	
STREET ADDRESS	5470 ENDICOTT PL	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NICHOLSON TRACY	
STREET ADDRESS	5415 ENDICOTT PLACE	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	SCHULTZ, JAMES	
STREET ADDRESS	9496 BELMONT TERRACE	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KEHOE, K	
STREET ADDRESS	9445 BROWNWOOD CT	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BYRD, JEFF	
STREET ADDRESS	9503 BELMONT TERR	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOLTON, BLAKE	
STREET ADDRESS	5446 ENDICOTT PL	
CITY-ST-ZIP	OVIDO FL 32765	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)