

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

0081114

DOCUMENT # N32921

1. Entity Name

LAKES OF ALOMA HOMEOWNERS ASSOCIATION, INC.

02-15-2001 90103 012 ****61.25

Principal Place of Business

Mailing Address

87 W MICHIGAN ST
 ORLANDO FL 32806
 US

87 W MICHIGAN ST
 ORLANDO FL 32806
 US

00017533



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2957801

Applied For

Not Applicable

Zip

Country

Zip

Country

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 Fee

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11.

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

Kevin Winter
 5451 Endicott Place
 Oviedo, FL 32765

Steven Schenck
 5352 Birchbend Loop
 Oviedo, FL 32765

Ed Moore
 5433 Endicott Place
 Oviedo, FL 32765

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.01, Florida Statutes, and that my signature shall have the same effect as that 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 a signature and address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/2001 407 481-0850

Date

Daytime Phone #

CR2E037 (10/00)