

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90054 047 ****61.25

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

000204

DOCUMENT # N32921
 1. Entity Name
 LAKES OF ALOMA HOMEOWNERS ASSN. INC.

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2. Principal Place of Business 2180 W. SR 434		3. Mailing Address 2180 W. SR 434	
Suite, Apt. #, etc. STE 5000		Suite, Apt. #, etc. STE 5000	
City & State LONGWOOD, FL		City & State LONGWOOD, FL	
Zip 32779-5004	Country US	Zip 32779-5004	Country US

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4. FEI Number 59-2957801	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name JAMES W. HART JR.	
Street Address (P.O. Box Number is Not Acceptable) SENTRY MANAGEMENT INC.	
2180 W. SR 434 STE 5000	
City LONGWOOD, FL	Zip Code 32779-5004

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] DATE 2/14/02
Signature, typed or printed name of registered agent and file number (NOTE: Registered Agent signature is required when re-registering)

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			
TITLE PD	NAME MOORE, ED	TITLE	
STREET ADDRESS 5433 ENDICOTT PL	CITY-ST-ZIP OVIDO FL 32765	STREET ADDRESS	
TITLE	NAME HESS, MICHAEL	TITLE	
STREET ADDRESS 5353 BIRCHBEND LOOP	CITY-ST-ZIP OVIDO FL 32765	STREET ADDRESS	
TITLE	NAME PRESCOTT, JOANNE	TITLE	
STREET ADDRESS 5388 BIRCHBEND LOOP	CITY-ST-ZIP OVIDO FL 32765	STREET ADDRESS	
TITLE	NAME NICHOLSON, TRACEY	TITLE	
STREET ADDRESS 5415 ENDICOTT PL	CITY-ST-ZIP OVIDO FL 32765	STREET ADDRESS	
TITLE	NAME SUTRICH, CATHERINE	TITLE	
STREET ADDRESS 5308 BLACKBURN CT	CITY-ST-ZIP OVIDO FL 32765	STREET ADDRESS	
TITLE	NAME ZINSSAR, MICHAEL	TITLE	
STREET ADDRESS 5440 ENDICOTT PL	CITY-ST-ZIP OVIDO FL 32765	STREET ADDRESS	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Edward O. Moore Jr DATE: 3/30/02 PHONE: 407 6712506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR