

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006
Secretary of State

DOCUMENT# N32921

Entity Name: LAKES OF ALOMA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-2957801 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WIENER, MARTY
Address: 9455 BELMONT TERR
City-St-Zip: OVIEDO, FL 32765

Title: VPD () Delete
Name: CRAWFORD, HELEN
Address: 5382 BIRCHBEND LOOP
City-St-Zip: OVIEDO, FL 32765

Title: SD () Delete
Name: GIARRUSSO, SUSAN
Address: 5429 BIRCHBEND LOOP
City-St-Zip: OVIEDO, FL 32765

Title: TD () Delete
Name: RUBY, STEVE
Address: 5421 ENDICOTT PL
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: LOPEZ, STEPHEN
Address: 9473 BELMONT TERR
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: FUSSELMAN, MARY
Address: 5463 ENDICOTT PL
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTY WIENER

PD

03/14/2006

Electronic Signature of Signing Officer or Director

_____ Date