2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12132

1. Entity Name

ALOMA ESTATES HOMEOWNERS ASSOCIATION, INC.

PO BOX 868 GOLDENROD FL 32733

Principal Place of Business

Mailing Address

PO BOX 868 GOLDENROD FL 32733-0868

2. Principal Place of Business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FILED Jan 27, 2000 8:00 am Secretary of State

01-27-2000 90012 045 ****61.25

907756



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number 59-2771892			plied For	
					9-211 1092		Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired Fee		\$8.75 Add Fee Required	8.75 Additional e Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
			Name					
BINNEY, CHARLES 8070 DUNSTABLE CIRCLE ORLANDO FL 32817			Street A	Street Address (P.O. Box Number is Not Acceptable)				
						Zin Carle		
			City		F	L Zip Code	'	
P. The above	named entity submits this statement for	r the nurnose of changing its	registered office or	registered agent or both in	the state of Florida			
g, me above	Harried Criticy Submits this statement is	Tale purpose of changing its	rogioto.ca omico o	rogicia, co agoin, ar arm, in			J	
							-	
SIGNATURE .	16							
	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registered Agent signat	ure required when reinstating)	DATE			
								
FILE NOW: 9. Election Campaign Finar			r Financing	\$5.00 May Be	Make Check	Pavable to		
	FEE IS \$61.25	Trust Fund Contribution.		Added to Fees Department of			[
	1 22 10 40 1120				•			
10.	OFFICERS AND DIE	RECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND D	DIRECTORS IN	10	
TITLE	PD	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	BINNEY, CHARLES		NAME				}	
STREET ADDRESS	8070 DUNSTABLE CIRCLE		STREET ADDRESS				1	
CITY-ST-ZIP	ORLANDO FL 32317		CITY-ST-ZIP					
TITLE	VPD	□ Delete	TITLE			☐ Change	☐ Addition	
NAME	MARSHALL, JACK		NAME					
STREET ADDRESS	4819 DERRY COURT		STREET ADDRESS			•		
CITY-ST-ZIP	ORLÁNDO FL 32817		CITY-ST-ZIP ·	· . ~= -	سیانیه ری ۱۰ ۲۰۰۰ د مینیدهینیات ریست		. * -	
TITLE	TD	□ Delete	TITLE			☐ Change	☐ Addition	
NAME	DUNLOP, PAM		NAME					
STREET ADDRESS	7968 DUNSTABLE CR.		STREET ADDRESS				-	
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP .				1	
TITLE	ISD	Delete .	TITLE	· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition	
NAME	GOODKIND, PATRICIA	_ *****	NAME					
STREET ADDRESS	7984 DANSTABLE CIRCLE		STREET ADDRESS	7984 DUNSTI	BOTH CIKE			
CITY-ST-ZIP	ORLANDO FL 32817		CITY-ST-ZIP					
TITLE	AC	Delete	TITLE			☐ Change	Addition	
NAME	STEPHENS, CRAIG		NAME				}	
STREET ADDRESS	7950 DUNSTABLE CIRCLE		STREET ADDRESS		•			
CITY-ST-ZIP	ORLANDO FL 32817		CITY-ST-ZIP					
TITLE	WITH IT THE WAY I IN THE WAY I I I I I I I I I I I I I I I I I I I	☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME			-		
STREET ADDRESS			STREET ADDRESS				1	
CITY-ST-ZIP			CITY-ST-ZIP)	
12 I bereby	cortify that the information supplied with	this filing does not qualify fo	r the exemption sta	ted in Section 119 07(3Vi) Fig.	orida Statutes I further c	ertify that the in	formation	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #