

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12132

Entity Name: ALOMA ESTATES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**7979 DUNSTABLE CIRCLE
ORLANDO, FL 32817**Current Mailing Address:**PO BOX 868
GOLDENROD, FL 32733 US**FEI Number:** 59-2771892**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CRESSE, LINDALEE
7944 DUNSTABLE CIRCLE
ORLANDO, FL 32817 US*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:** LINDALEE CRESSE

03/29/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, SECRETARY
Name DUNCAN, GLORIA
Address 7976 DUNSTABLE CIRCLE
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR, VP
Name RINALDI, STEPHEN
Address 8033 DUNSTABLE CIR
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR, TREASURER
Name CRESSE, LINDA-LEE
Address PO BOX 868
City-State-Zip: GOLDENROD FL 32733

Title DIRECTOR, PRESIDENT
Name THOSMASON, TROY
Address 7979 DUNSTABLE CIRCLE
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR
Name ROBERTSON, DALE
Address P.O. BOX 868
City-State-Zip: GOLDENROD FL 32733

I hereby 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 all other like empowered.

SIGNATURE: LINDA-LEE CRESSE

TREASURER

03/29/2018

Electronic Signature of Signing Officer/Director Detail

Date