

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32921

**Entity Name:** LAKES OF ALOMA HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 07, 2017**  
**Secretary of State**  
**CC1805392221**

**Current Principal Place of Business:**

1511 EAST SR 434  
SUITE 3001  
WINTER SPRINGS, FL 32708

**Current Mailing Address:**

1511 EAST SR 434  
SUITE 3001  
WINTER SPRINGS, FL 32708 US

**FEI Number: 59-2957801**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PINNACLE PROPERTY MANAGEMENT, LLC  
1511 EAST SR 434, SUITE 3001  
WINTER SPRINGS, FL 32708 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            STANTON, DONOVAN  
Address        1511 EAST SR 434  
                 SUITE 3001  
City-State-Zip: WINTER SPRINGS FL 32708

Title            VP  
Name            WALDEN, KELLY  
Address        1511 EAST SR 434  
                 SUITE 3001  
City-State-Zip: WINTER SPRINGS FL 32708

Title            TREASURER  
Name            MAKAL, JENNIFER  
Address        1511 EAST SR 434  
                 SUITE 3001  
City-State-Zip: WINTER SPRINGS FL 32708

Title            DIRECTOR  
Name            GOODFELLOW, MALCOLM  
Address        1511 EAST SR 434  
                 SUITE 3001  
City-State-Zip: WINTER SPRINGS FL 32708

Title            SECRETARY  
Name            BERUBE, ROGER  
Address        1511 EAST SR 434  
                 SUITE 3001  
City-State-Zip: WINTER SPRINGS FL 32708

*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: DONOVAN STANTON**

**PRESIDENT**

**04/07/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date