

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768580

FILED
Jan 20, 2009
Secretary of State

Entity Name: ALOMA PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5831 ALOMA COURT
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

5831 ALOMA COURT
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 59-2941344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, MARIE S
5852 SHALE COURT
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

PAMELA, LOGSDON
4622 NORTH LANDMARK DRIVE
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: PAMELA LOGSDON

01/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SANDERS, MARIE S.
Address: 5852 SHALE COURT
City-St-Zip: WINTER PARK, FL 32792

Title: S () Delete
Name: LARSON, GINA
Address: 5843 MARBLE COURT
City-St-Zip: WINTER PARK, FL 32792

Title: VD () Delete
Name: LOGSDON, PAMELA
Address: 4622 NORTH LANDMARK DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: NOLES, KELLY
Address: 5840 SHALE COURT
City-St-Zip: WINTER PARK, FL 32792

Title: D (X) Delete
Name: WILLIAMS, GRANVILLE
Address: 5764 MARBLE COURT
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PAMELA, LOGSDON
Address: 4622 NORTH LANDMARK DRIVE
City-St-Zip: ORLANDO, FL 32817

Title: VD (X) Change () Addition
Name: LARSON, GINA
Address: 5843 MARBLE COURT
City-St-Zip: WINTER PARK, FL 32792

Title: SD (X) Change () Addition
Name: WILLIAMS, GRANVILLE
Address: 5764 MARBLE COURT
City-St-Zip: WINTER PARK, FL 32792

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 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: PAMELA LOGSDON

PRES

01/20/2009

Electronic Signature of Signing Officer or Director

Date