

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 24, 2010**  
**Secretary of State**

DOCUMENT# 768580

**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:**WILLIAMS, GRANVILLE  
5764 MARBLE COURT  
WINTER PARK, FL 32792 US**Name and Address of New Registered Agent:**TRIPP, CARLISS M PD  
6067 TWIN LAKES DR.  
OVIEDO, FL 32807 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: CARLISS TRIPP

06/24/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: TRIPP, CARLISS M  
Address: 6067 TWIN LAKES DR  
City-St-Zip: OVIEDO, FL 32765

Title: VD  
Name: DICKERSON, ERICKA  
Address: 5782 MARBLE  
City-St-Zip: WINTER PARK, FL 32792

Title: SD  
Name: MINER, VIRGINIA  
Address: 5801 MARBLE  
City-St-Zip: WINTER PARK, FL 32792

Title: D  
Name: BRUCE, MARY  
Address: 5770 MARBLE  
City-St-Zip: WINTER PARK, FL 32792

Title: D  
Name: HATLEY, MARK  
Address: 5798 SHALE COURT  
City-St-Zip: WINTER PARK, FL 32792

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: CARLISS TRIPP

PD

06/24/2010

Electronic Signature of Signing Officer or Director

Date