

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002629

FILED
Feb 24, 2009
Secretary of State

Entity Name: CEDAR GLEN OF ALOMA WOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

206 ELM AVE.
SANFORD, FL 32771 US

New Principal Place of Business:

PREMIER PROPERTY MANAGEMENT CFL
735 PRIMERA BLVD, SUITE 110
LAKE MARY, FL 32746 US

Current Mailing Address:

PO BOX 1596
SANFORD, FL 32772 US

New Mailing Address:

PREMIER PROPERTY MANAGEMENT CFL
735 PRIMERA BLVD, SUITE 110
LAKE MARY, FL 32746 US

FEI Number: 59-3657505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLBROOK, GINA N
PREMIER PROPERTY MGT CFL
206 ELM AVE.
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

HOLBROOK, GINA N
PREMIER PROPERTY MGT CFL
735 PRIMERA BLVD., SUITE 110
LAKE MARY, FL 32746 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: GINA N. HOLBROOK

02/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: SEYMOUR, LINDA
Address: 5550 CANTEEN COURT
City-St-Zip: OVIEDO, FL 32765

Title: TVPD () Delete
Name: STANISLOWSKI, DENNIS
Address: 2717 BELLEWATER PLACE
City-St-Zip: OVIEDO, FL 32765

Title: S/D () Delete
Name: STANLEY, CONSTANCE
Address: 5551 CANTEEN CT
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LINDA SEYMOUR

P

02/24/2009

Electronic Signature of Signing Officer or Director

Date