
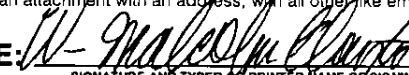


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90032 008 ****70.00

| | | | | | |
|--|---|---|---|---|--|
| DOCUMENT # N01000003464 1. Entity Name LOMA VISTA PROPERTY OWNERS' ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 5405 DIPLOMAT CIRCLE 100 ORLANDO, FL 32810 | | | Mailing Address 5405 DIPLOMAT CIRCLE 100 ORLANDO, FL 32810 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 56-2380728 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CLAYTON, KENNETH M % CLAYTON & MCCULLON 1065 MAITLAND CENTER COMMONS BLVD MAITLAND, FL 32751 | | | 7. Name and Address of New Registered Agent Name CLAYTON, KENNETH M Street Address (P.O. Box Number is Not Acceptable) % CLAYTON & MCCULLON 1065 MAITLAND CENTER COMMONS BLVD. City MAITLAND FL Zip Code 32751 | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | DATE 4/26/07 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CLAYTON, BRANTLY W 5405 DIPLOMA CIR STE 100 ORLANDO, FL 32810 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CLAYTON, BRANTLY W. 5405 DIPLOMAT CIRCLE, STE 100 ORLANDO, FL 32810 |
| | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CLAYTON, W. MALCOLM 5405 DIPLOMA CIR STE 100 ORLANDO, FL 32810 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CLAYTON, W. MALCOLM 5405 DIPLOMAT CIRCLE, STE 100 ORLANDO, FL 32810 |
| | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DODGE, LINDA S 5405 DIPLOMA CIR STE 100 ORLANDO, FL 32810 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DODGE, LINDA S. 5405 DIPLOMAT CIRCLE, STE 100 ORLANDO, FL 32810 |
| | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | W. MALCOLM CLAYTON, DIRECTOR Date 4-24-2007 Daytime Phone # 407.644.6200 | | |