

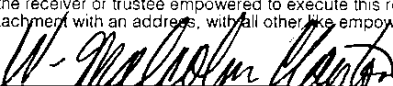


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-11-2007 90032 003 ****70.00

DOCUMENT # N01000005142 1. Entity Name ALOMA SQUARE OWNERS' ASSOCIATION, INC.					
Principal Place of Business 5405 DIPLOMAT CIRCLE SUITE 100 ORLANDO, FL 32810			Mailing Address 5405 DIPLOMAT CIRCLE SUITE 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 56-2380731	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KENNETH M. CLAYTON 1065 MAITLAND CENTRE COMMONS BLVD MAITLAND, FL 32751			Name CLAYTON, KENNETH M. Street Address (P.O. Box Number is Not Acceptable) 1065 MAITLAND CENTRE 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>			(NOTE: Registered Agent signature required when reinstating) DATE 4/26/07		
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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLAYTON, W. MALCOLM	NAME			
STREET ADDRESS	5405 DIPLOMAT CIRCLE STE. 100	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32810	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLAYTON, BRANTLY W	NAME			
STREET ADDRESS	5405 DIPLOMAT CIRCLE STE. 100	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32810	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DODGE, LINDA J	NAME	DODGE, LINDA J.		
STREET ADDRESS	5405 DIPLOMAT CIRCLE STE. 100	STREET ADDRESS	5405 DIPLOMAT CIRCLE, STE 100		
CITY-ST-ZIP	ORLANDO, FL 32810	CITY-ST-ZIP	ORLANDO, FL 32810		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 4/26/2007	
				Dryfax Phone # 407-644-6200	