


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90192 004 ****66.25
05-21-08 01013 022 ****3.75

| | |
|---|---|
| DOCUMENT # N01000005142 |  |
| 1. Entity Name ALOMA SQUARE OWNERS' ASSOCIATION, INC. | |

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| Principal Place of Business 5405 DIPLOMAT CIRCLE SUITE 100 ORLANDO, FL 32810 | Mailing Address 5405 DIPLOMAT CIRCLE SUITE 100 ORLANDO, FL 32810 |
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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

04282008 Chg-NP CR2E037 (12/06)

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|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 56-2380731 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

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| 6. Name and Address of Current Registered Agent KENNETH M. CLAYTON C/O CLAYTON & MUCOLLOH 1065 MAITLAND CENTRE COMMONS BLVD MAITLAND, FL 32751 | |
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|---|-----------------------------|
| 7. Name and Address of New Registered Agent | |
| Name CLAYTON, KENNETH M | |
| Street Address (P.O. Box Number is Not Acceptable) c/o Clayton & McCulloh | |
| 1065 MAITLAND CENTRE COMMONS BLVD | |
| City MAITLAND | FL Zip Code 32751 |

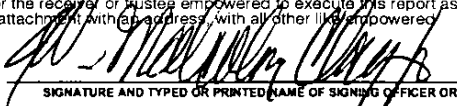
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|--|--|
| Filing Fee is \$61.25 Due by May 1, 2008 | 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, W. MALCOLM 5405 DIPLOMAT CIRCLE STE. 100 ORLANDO, FL 32810 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D CLAYTON, BRANTLY W 5405 DIPLOMAT CIRCLE STE. 100 ORLANDO, FL 32810 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D DODGE, LINDA S 5405 DIPLOMAT CIRCLE STE. 100 ORLANDO, FL 32810 <input type="checkbox"/> Delete | 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 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | 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:  **W. MALCOLM CLAYTON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DIRECTOR** Date **4/29/08** Daytime Phone # **407-644-6200**