# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2009**
**Secretary of State**

DOCUMENT# N01000005142

**Entity Name:** ALOMA SQUARE OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

5405 DIPLOMAT CIRCLE
SUITE 100
ORLANDO, FL 32810

**New Principal Place of Business:**

**Current Mailing Address:**

5405 DIPLOMAT CIRCLE
SUITE 100
ORLANDO, FL 32810

**New Mailing Address:**

**FEI Number: 56-2380731** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CLAYTON, KENNETH M
C/O CLAYTON & MCCOLLOH
1065 MAITLAND CENTER COMMONS BLVD.
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

CLAYTON, KENNETH M
C/O CLAYTON & MCCULLOH
1065 MAITLAND CENTER COMMONS BLVD.
MAITLAND, FL 32751 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: _____ 04/29/2009
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: CLAYTON, W. MALCOLM
Address: 5405 DIPLOMAT CIRCLE STE. 100
City-St-Zip: ORLANDO, FL 32810

Title: D ( ) Delete
Name: CLAYTON, BRANTLY W
Address: 5405 DIPLOMAT CIRCLE STE. 100
City-St-Zip: ORLANDO, FL 32810

Title: D ( ) Delete
Name: DODGE, LINDA S
Address: 5405 DIPLOMAT CIRCLE STE. 100
City-St-Zip: ORLANDO, FL 32810

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: CLAYTON, MARK A
Address: 5405 DIPLOMAT CIRCLE STE. 100
City-St-Zip: ORLANDO, FL 32810

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: MARK A. CLAYTON D 04/29/2009
Electronic Signature of Signing Officer or Director — Date