2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N04000009933

Entity Name: ALOMA OFFICE PARK PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5931 BRICK COURT
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

5931 BRICK COURT
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 20-3970958 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TROLICE, MARK P
5931 BRICK COURT
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TROLICE, MARK P
Address: 5931 BRICK COURT
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete
Name: ALBORS, RENE
Address: 5971 BRICK COURT SUITE 200
City-St-Zip: WINTER PARK, FL 32792

Title: D (X) Delete
Name: VERGASON, MARK
Address: 5901 BRICK COURT
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete
Name: RAVEDE, SCOTT
Address: 2067 N SAXON BLVD SAXON PLAZA
City-St-Zip: DELTONA, FL 32725

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:

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 TROLICE D 01/21/2009
Electronic Signature of Signing Officer or Director — Date