

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12132

FILED  
Apr 08, 2007  
Secretary of State

**Entity Name:** ALOMA ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 868  
GOLDENROD, FL 32733 US

**New Principal Place of Business:**

ALOMA ESTATES HOMEOWNERS ASSOC., INC.  
7923 NASHUA LANE  
ORLANDO, FL 32817

**Current Mailing Address:**

PO BOX 868  
GOLDENROD, FL 32733 US

**New Mailing Address:**

**FEI Number:** 59-2771892      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

VICKY, MATTHEWS  
7923 NASHUA LANE  
ORLANDO, FL 32817 US

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

MATTHEWS, VICKY  
7923 NASHUA LANE  
ORLANDO, FL 32817 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: VICKY MATTHEWS

04/08/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MATTHEWS, VICKY  
Address: 7923 NASHUA LANE  
City-St-Zip: ORLANDO, FL 32817

Title: VPD ( ) Delete  
Name: DENNIS, BIILL  
Address: 7916 NASHUA LANE  
City-St-Zip: ORLANDO, FL 32817

Title: SD ( ) Delete  
Name: MAIER, SUSAN  
Address: 7900 DUNSTABLE CIR  
City-St-Zip: ORLANDO, FL 32817

Title: TD ( ) Delete  
Name: RICQUE, JANEL  
Address: 8066 DUNSTABLE CIR  
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete  
Name: NOLL, ROB  
Address: 4802 DERRY COURT  
City-St-Zip: ORLANDO, FL 32817

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: JARVIS, MONICA  
Address: 8066 DUNSTABLE CIR  
City-St-Zip: ORLANDO, FL 32817

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 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: VICKY MATTHEWS

PD

04/08/2007

Electronic Signature of Signing Officer or Director

Date