FILE NOW: FILING FEE IS $61.25

FILED
Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N15307** **(4)**

1. Corporation Name

ALOMA CENTER EAST, INC.

Principal Place of Business	Mailing Address
7208 ALOMA AVE SUITE 100-800 WINTER PARK FL 32792 US	7208 ALOMA AVE SUITE 500 WINTER PARK FL 32792 US

3. Date Incorporated or Qualified: 06/09/1986

4. FEI Number: 59-2871479 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 121 BLUE CREEK DR
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 WINTER SPRINGS
Zip 24 / Country 25	Zip 29 32708 / Country 30 US

9. Name and Address of Current Registered Agent

VINAS, ISRAEL
7208 ALOMA AVE., SUITE 500
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name: KROMBACH, PHILIP
82 Street Address (P.O. Box Number is Not Acceptable): 121 BLUE CREEK DRIVE
83
84 City: WINTER SPRINGS, **FL** 85 Zip Code: 32708

X 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Philip Krombach PHILIP KROMBACH 2/25/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PDT	☒ Change ☐ Addition
NAME	VINAS, ISRAEL		1.2 NAME	KROMBACH, PHILIP	
STREET ADDRESS	7208 ALOMA AVE, SUITE 500		1.3 STREET ADDRESS	121 BLUE CREEK DRIVE	
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	PD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	FIKE, MAYBELLINE		2.2 NAME	TEDESCO, ALDO DEL	
STREET ADDRESS	120 LK KILLARNEY CT		2.3 STREET ADDRESS	7208 ALOMA AVENUE, SUITE 100	
CITY-ST-ZIP	WINTER PARK FL		2.4 CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	STD	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	KROMBACH, PHIL & MARILYN		3.2 NAME	KROMBACH, MARILYN	
STREET ADDRESS	121 BLUE CREEK DR		3.3 STREET ADDRESS	121 BLUE CREEK DRIVE	
CITY-ST-ZIP	WINTER SPRINGS FL		3.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marilyn Krombach MARILYN KROMBACH 2/25/98 407/359-7454