

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90233 005 ****61.25

DOCUMENT # N32921 1. Entity Name LAKES OF ALOMA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779-5044 US			Mailing Address 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779-5044 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2957801	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HART, JAMES W JR SENTRY MANAGEMENT INC. 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				State FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	PD	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIENER, MARTY		NAME	STANTON, DONOVAN	
STREET ADDRESS	9455 BELMONT TERR		STREET ADDRESS	5473 BAYTOWNE PL	
CITY-ST-ZIP	OVIDO, FL 32765		CITY-ST-ZIP	OVIDO, FL 32765	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, HELEN		NAME	CRAWFORD, HELEN	
STREET ADDRESS	5382 BIRCHBEND LOOP		STREET ADDRESS	5382 BIRCHBEND LOOP	
CITY-ST-ZIP	OVIDO, FL 32765		CITY-ST-ZIP	OVIDO, FL 32765	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIARRUSSO, SUSAN		NAME	GIARRUSSO, SUSAN	
STREET ADDRESS	5429 BIRCHBEND LOOP		STREET ADDRESS	5429 BIRCHBEND LOOP	
CITY-ST-ZIP	OVIDO, FL 32765		CITY-ST-ZIP	OVIDO, FL 32765	
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBY, STEVE		NAME	RUBY, STEVE	
STREET ADDRESS	5421 ENDICOTT PL		STREET ADDRESS	5421 ENDICOTT PL	
CITY-ST-ZIP	OVIDO, FL 32765		CITY-ST-ZIP	OVIDO, FL 32765	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELONG, JIM		NAME	WALSH, SUE	
STREET ADDRESS	5430 BAYTOWNE PL		STREET ADDRESS	5668 BEAR STONE RUN	
CITY-ST-ZIP	OVIDO, FL 32765		CITY-ST-ZIP	OVIDO, FL 32765	
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	FUSSELMAN, MARY		NAME		
STREET ADDRESS	5463 ENDICOTT PL		STREET ADDRESS		
CITY-ST-ZIP	OVIDO, FL 32765		CITY-ST-ZIP		
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: <i>Marty Wiener</i>			Date <i>4/22/08</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <i>(407) 648-0134</i>		