2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# N94000002014

Entity Name: ALOMA WOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1511 EAST SR 434
SUITE 3001
WINTER SPRINGS, FL 32708 US

New Principal Place of Business:

Current Mailing Address:

1511 EAST SR 434
SUITE 3001
WINTER SPRINGS, FL 32708 US

New Mailing Address:

FEI Number: 59-3237896 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PINNACLE PROPERTY MANAGEMENT, LLC
1511 EAST SR 434
SUITE 3001
WINTER SPRINGS, FL 32708 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: P ( ) Delete
Name: RUBIN, STEWART
Address: 2934 OAK HAMMOCK COURT
City-St-Zip: OVIEDO, FL 32765

Title: VP ( ) Delete
Name: CROSS, PAULA
Address: 2944 CYPRESS CHASE LN
City-St-Zip: OVIEDO, FL 32765

Title: S ( ) Delete
Name: VIOLA, ROSANA
Address: 2948 CYPRESS CHASE LN
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete
Name: WIZI, GEORGE
Address: 5819 PINE GROVE RUN
City-St-Zip: OVIEDO, FL 32765

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: STEWART RUBIN P 02/23/2009

Electronic Signature of Signing Officer or Director — Date