

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002014

FILED  
Apr 11, 2011  
Secretary of State

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

**Current Principal Place of Business:**

1000 PINEHURST CT  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

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

**Current Mailing Address:**

P O BOX 623676  
OVIEDO, FL 327623676

**New Mailing Address:**

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

**FEI Number:** 59-3237896

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AMBERWOOD COMMUNITY MANAGEMENT, INC  
1000 PINEHURST CT  
OVIEDO, FL 32765 US

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

PINNACLE PROPERTY MANAGEMENT, LLC  
1511 EAST SR 434  
STE 3001  
WINTER SPRINGS, FL 32708 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: ANNE M. SMITH

04/11/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MENDEZ, JOSE  
Address: 1511 EAST SR 434, STE 3001  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP  
Name: BUSONICK, SUZANNE  
Address: 1511 EAST SR 434, STE 3001  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: S  
Name: OBERHOLTZER, ALAN  
Address: 1511 EAST SR 434, STE 3001  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T  
Name: WIZI, GEORGE  
Address: 1511 EAST SR 434, STE 3001  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D  
Name: BRODIE, JANICE  
Address: 1511 EAST SR 434, STE 3001  
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby 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 all other like empowered.

SIGNATURE: ANNE M. SMITH, LCAM

MGR

04/11/2011

Electronic Signature of Signing Officer or Director

Date