

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90030 044 ****61.25

DOCUMENT # N96000001861

1. Entity Name
ALOMA WOODS PHASE III HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**190 N. WESTMONTE DR
 STE 100
 ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**190 N. WESTMONTE DR
 STE 100
 ALTAMONTE SPRINGS, FL 32714**

90064001

2. Principal Place of Business - No P.O. Box #
860 North S.R. 434

3. Mailing Address
860 North S.R. 434

Suite, Apt. #, etc.
Suite 1009

Suite, Apt. #, etc.
Suite 1009

City & State
Altamonte Springs, FL

City & State
Altamonte Springs

Zip
32714

Country
USA

Zip
FL

Country
USA



03192008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
**CAMPBELL, MARILYN C
 190 N WESTMONTE DR STE 100
 ALTAMONTE SPRINGS, FL 32714**

7. Name and Address of New Registered Agent
 Name
Campbell, Marilyn C.
 Street Address (P.O. Box Number is Not Acceptable)
860 North S.R. 434
Suite 1009
 City
Altamonte Springs FL Zip Code
32714

4. FEI Number
59-3400203

Applied For
 Not Applicable

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

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.

SIGNATURE *Marilyn Campbell* DATE **3/25/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$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 P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TASKAN, BERNA		NAME	
STREET ADDRESS 2291 SABEL OAK PL		STREET ADDRESS	
CITY-ST-ZIP OVIEDO, FL 32765		CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHIPMAN, DIANA		NAME	
STREET ADDRESS 2971 SABEL OAK PL		STREET ADDRESS	
CITY-ST-ZIP OVIEDO, FL 32765		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SANDBERG, NINA		NAME	
STREET ADDRESS 5937 GOLDEN PINE CT		STREET ADDRESS	
CITY-ST-ZIP OVIEDO, FL 32765		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Berna L. Taskan* DATE: **4/7/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #