

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001861

**FILED**  
**Mar 12, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

860 NORTH S R 434  
SUITE 1009  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

SABEL OAK PLACE & ALOMA WOODS BLVD.  
OVIEDO, FL 32765 US

**Current Mailing Address:**

860 NORTH S R 434  
SUITE 1009  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

**FEI Number:** 59-3400203      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CAMPBELL, MARILYN C  
860 NORTH S R 434  
ALTAMONTE SPRINGS, FL 32714 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: TASKAN, BERNA  
Address: 2291 SABEL OAK PL  
City-St-Zip: OVIEDO, FL 32765

Title: T ( ) Delete  
Name: SHIPMAN, DIANA  
Address: 2971 SABEL OAK PL  
City-St-Zip: OVIEDO, FL 32765

Title: S ( ) Delete  
Name: SANDBERG, NINA  
Address: 5937 GOLDEN PINE CT  
City-St-Zip: OVIEDO, FL 32765

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: MGR ( ) Change (X) Addition  
Name: RUSSELL, MIRIAM A MGR  
Address: 860 NORTH S.R. 434, SUITE 1009  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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: MIRIAM A. RUSSELL

MGR

03/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date