2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State
04-27-2000 90020 025 ****61.25

DOCUMENT # N97000002251

1. Entity Name

ALOMA WOODS NORTH MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
706 TURNBULL AVENUE STE 102 ALTAMONTE SPRINGS FL 32701	706 TURNBULL AVENUE STE 102 ALTAMONTE SPRINGS FL 32701-6476

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
165 West SR 434	PO BOX 950455
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Lake Mary FL
City & State: Winter Springs FL	City & State
Zip: 32708 Country	Zip: 32795 Country

4. FEI Number: 59-3449562 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDBERG, ALLAN N
706 TURNBULL AVENUE
STE 102
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name: EPM Services INC

Street Address (P.O. Box Number is Not Acceptable): 165 West SR 434

City: Winter Springs **FL** Zip Code: 32708

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.

SIGNATURE: Anne H Russell Pres EPM Services Inc 4/17/00
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPAS GOLDBERG, ALLAN 706 TURNBALLL AVE #102 ALTAMONTE SPRINGS FL 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPS COLE, WILLIAM W JR 706 TURNBALL AVE #102 ALTAMONTE SPRINGS FL 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRACKEN, ANDREA 1110 DOUGLAS RD, STE 3000 ALTAMONTE SPRINGS FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED 4/17/00 407 834-9543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #