

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90020 035 ****61.25

DOCUMENT # N97000002251.	
1. Entity Name	
ALOMA WOODS NORTH MASTER ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
165 WEST SR 434 WINTER SPRINGS FL 32708	PO BOX 915322 LONGWOOD FL 32791

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

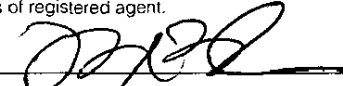


MOORE CR2E037 (11/03)

4. FEI Number		Applied For
59-3449562		Not Applicable
5. Certificate of Status Desired		5. Certificate of Status Desired
☐		☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NATIONAL ASSO MGT CO. 165 WEST SR 434 WINTER SPRINGS FL 32708		Name: NATIONAL ASSOCIATION Management Co Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code	

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:  MARC A. Blum - Manager 2/5/04
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D POSNER, KENNETH ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	2427 LEANING PINE LANE	NAME	
STREET ADDRESS	OVIEDO FL 32765	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PD SHARP, GEORGE ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	2886 ALOMA OAKS DR	NAME	
STREET ADDRESS	OVIEDO FL 32765	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD WITTER, DAVID ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	5468 WHITE HERON PL.	NAME	
STREET ADDRESS	OVIEDO FL 32765	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	STD WELLS, ERIC ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	M/I HOMES 237 S WESTMONTE DR STE 111	NAME	
STREET ADDRESS	ALTAMONTE SPRINGS FL 32714	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D DOVALI, FRANCISCO ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	262 3 BELLEWATER PL.	NAME	
STREET ADDRESS	OVIEDO FL 32765	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 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:  George W. Sharp Pres. 1/27/04 407 228-4220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #