

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90038 043 \*\*\*\*61.25

40022658



02042005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3449562 Applied For Not Applicable

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

DOCUMENT # N97000002251

1. Entity Name  
ALOMA WOODS NORTH MASTER ASSOCIATION, INC.



Principal Place of Business  
165 WEST SR 434  
WINTER SPRINGS, FL 32708

Mailing Address  
PO BOX 915322  
LONGWOOD, FL 32791

2. Principal Place of Business 3. Mailing Address  
211 S. MAGNOLIA AVE P.O. Box 1596

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
SANFORD, FL

City & State  
SANFORD, FL

Zip  
32771

Country  
U.S.A.

Zip  
32772-1596

Country  
U.S.A.

6. Name and Address of Current Registered Agent

NATIONAL ASSOCIATION MANAGEMENT CO.  
165 WEST SR 434  
WINTER SPRINGS, FL 32708

7. Name and Address of New Registered Agent

Name PREMIER PROP. MGT. CFL, INC.

Street Address (P.O. Box Number is Not Acceptable)  
211 S. MAGNOLIA AVENUE

City SANFORD

FL

Zip Code 32771

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

*Gina N. Halbrook*

GINA N. HALBROOK, MGR. 2/10/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

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

TITLE PD  
NAME SHARP, GEORGE  
STREET ADDRESS 2886 ALOMA OAKS DR  
CITY-ST-ZIP OVIEDO, FL 32765 ☒ Delete

TITLE VD  
NAME WITTER, DAVID  
STREET ADDRESS 5468 WHITE HERON PL.  
CITY-ST-ZIP OVIEDO, FL 32765 ☒ Delete

TITLE STD  
NAME WELLS, ERIC  
STREET ADDRESS M/I HOMES 237 S WESTMONTE DR STE 111  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 ☒ Delete

TITLE D  
NAME DOVALI, FRANCISCO  
STREET ADDRESS 262 3 BELLEWATER PL.  
CITY-ST-ZIP OVIEDO, FL 32765 ☒ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D  
NAME MYERS, JEANNE  
STREET ADDRESS 5623 BEAR STONE RUN  
CITY-ST-ZIP OVIEDO, FL 32765 ☐ Change ☒ Addition

TITLE V/D/S  
NAME Westhelle, Tom  
STREET ADDRESS 2430 LEANING PINE LANE  
CITY-ST-ZIP OVIEDO, FL 32765 ☐ Change ☒ Addition

TITLE T/D  
NAME Seymour, Linda  
STREET ADDRESS 5550 Canteen Ct  
CITY-ST-ZIP OVIEDO, FL 32765 ☐ Change ☒ Addition

TITLE D  
NAME William, MARK  
STREET ADDRESS 2878 ALOMA OAKS DR  
CITY-ST-ZIP OVIEDO, FL 32765 ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/05

Date

Daytime Phone #