

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90248 019 ****61.25

DOCUMENT # N97000002251

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



Principal Place of Business
**211 S MAGNOLIA AVE
SANFORD, FL 32771**

Mailing Address
**PO BOX 1596
SANFORD, FL 32772-1596**

50018585



2. Principal Place of Business
206 ELM AVE
Suite, Apt. #, etc.

3. Mailing Address
PO PREMIER PROP MGT
Suite, Apt. #, etc.
P.O. BOX 1596

04242006 Chg-NP CR2E037 (11/05)

City & State
SANFORD FL
Zip
32771 Country
USA

City & State
SANFORD FL
Zip
32772 Country
USA

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
**PREMIER PROP. MGT. CFL, INC.
211 S MAGNOLIA AVE
SANFORD, FL 32771**

7. Name and Address of New Registered Agent
Name
PREMIER PROP MGT CFL INC
Street Address (P.O. Box Number is Not Acceptable)
206 ELM AVE
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 **Linda N. Halbrook**

GINA N. HALBROOK

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, 2006**

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
NAME **PD MYERS, JEANNE** ☐ Delete
STREET ADDRESS **6623 BEARS STONE RUN**
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE
NAME **VDS WESTHELLE, TOM** ☒ Delete
STREET ADDRESS **2430 LEANING LINE LANE**
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE
NAME **TD SEYMOUR, LINDA** ☐ Delete
STREET ADDRESS **5550 CANTEEN CT**
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE
NAME **D WALLAM, MARK** ☒ Delete
STREET ADDRESS **2878 AOMA OAKS DR**
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME **VDS WALKER TUDY** ☐ Change ☒ Addition
STREET ADDRESS **5353 RED LEAF**
CITY-ST-ZIP **OVIEDO FL 32765**

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

TITLE
NAME **D PATTERSON, WESLEY** ☐ Change ☒ Addition
STREET ADDRESS **2878 AOMA OAKS DR.**
CITY-ST-ZIP **OVIEDO FL 32765**

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

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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: **Jeane Myers** 4/25/06 407 551-1336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #