

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90102 039 \*\*\*\*61.25

**DOCUMENT # N97000002251**

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



**Principal Place** Premier Property Management of CFL  
**206 ELM DR** 735 Primera Boulevard Suite 110  
**SANFORD, FL** Lake Mary, FL 32746  
**PROPERTY**  
**2772**

**DO NOT WRITE IN THIS SPACE**

02202008 No Chg-NP

CR2E037 (4/06)

**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 Property Management of CFL  
735 Primera Boulevard Suite 110  
Lake Mary, FL 32746

**DO NOT WRITE  
IN THIS SPACE**

**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** *Kimberly Halbrook*

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

*4/11/08*

**Filing Fee is \$61.25  
Due by May 1, 2008**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>
<b>NAME</b>	<b>MYERS, JEANNE</b>
<b>STREET ADDRESS</b>	<b>6523 BEARS STONE RUN</b>
<b>CITY-ST-ZIP</b>	<b>OVIEDO, FL 32765</b>
<b>TITLE</b>	<b>VDS</b>
<b>NAME</b>	<b>WALKER, JUDY</b>
<b>STREET ADDRESS</b>	<b>5353 REALEAF CT</b>
<b>CITY-ST-ZIP</b>	<b>OVIEDO, FL 32765</b>
<b>TITLE</b>	<b>TD</b>
<b>NAME</b>	<b>SEYMOUR, LINDA</b>
<b>STREET ADDRESS</b>	<b>5550 CANTEEN CT</b>
<b>CITY-ST-ZIP</b>	<b>OVIEDO, FL 32765</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>SHARP, GEORGE</b>
<b>STREET ADDRESS</b>	<b>2874 ALMA OAKS DR</b>
<b>CITY-ST-ZIP</b>	<b>OVIEDO, FL 32765</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>WILSON RISE</b>
<b>STREET ADDRESS</b>	<b>5594 LIQUSTRUM LOOP</b>
<b>CITY-ST-ZIP</b>	<b>OVIEDO FL 32765</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jeanne Myers*

*3/19/08*

Date

*407-322-4922*

Daytime Phone #