

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002251

FILED
Feb 24, 2009
Secretary of State

Entity Name: ALOMA WOODS NORTH MASTER ASSOCIATION, INC.

Current Principal Place of Business:

C/O PRIEMER PROPERTY MANAGEMENT OF CFL
735 PRIMERA BOULEVARD, SUITE 110
LAKE MARY, FL 32746 US

New Principal Place of Business:

C/O PREMIER PROPERTY MANAGEMENT OF CFL
735 PRIMERA BOULEVARD, SUITE 110
LAKE MARY, FL 32746 US

Current Mailing Address:

C/O PRIEMER PROPERTY MANAGEMENT OF CFL
735 PRIMERA BOULEVARD, SUITE 110
LAKE MARY, FL 32746 US

New Mailing Address:

C/O PREMIER PROPERTY MANAGEMENT OF CFL
735 PRIMERA BOULEVARD, SUITE 110
LAKE MARY, FL 32746 US

FEI Number: 59-3449562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PREMIER PROPERTY MGMT CFC INC
735 PRIMERA BOULEVARD
SUITE 110
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MYERS, JEANNE
Address: 6523 BEARS STONE RUN
City-St-Zip: OVIEDO, FL 32765

Title: VDS () Delete
Name: WALKER, JUDY
Address: 5353 REALEAF CT
City-St-Zip: OVIEDO, FL 32765

Title: TD () Delete
Name: SEYMOUR, LINDA
Address: 5550 CANTEEN CT
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: WILSON, RISE
Address: 5594 LIQUSTRUM LOOP
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANNE MYERS

P

02/24/2009

Electronic Signature of Signing Officer or Director

Date