

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002251

FILED
Feb 21, 2012
Secretary of State

Entity Name: ALOMA WOODS NORTH MASTER ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

C/O PREMIER ASSOCIATION MANAGEMENT OF CFL
725 PRIMERA BOULEVARD, SUITE 115
LAKE MARY, FL 32746 US

Current Mailing Address:

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

New Mailing Address:

C/O PREMIER ASSOCIATION MANAGEMENT OF CFL
725 PRIMERA BOULEVARD, SUITE 115
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 ASSOCIATION MGMT OF CFL INC
735 PRIMERA BOULEVARD
SUITE 110
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

PREMIER ASSOCIATION MGMT OF CFL INC
725 PRIMERA BOULEVARD
SUITE 115
LAKE MARY, FL 32746 US

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: GINA N. HOLBROOK

02/21/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MYERS, JEANNE
Address: 725 PRIMERA BOULEVARD STE 115
City-St-Zip: LAKE MARY, FL 32746

Title: VDS
Name: WALKER, JUDY
Address: 725 PRIMERA BOULEVARD STE 115
City-St-Zip: LAKE MARY, FL 32746

Title: TD
Name: SEYMOUR, LINDA
Address: 725 PRIMERA BOULEVARD STE 115
City-St-Zip: LAKE MARY, FL 32746

Title: D
Name: COLANGELO, VICTORIA
Address: 725 PRIMERA BOULEVARD STE 115
City-St-Zip: LAKE MARY, FL 32746

I hereby 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 all other like empowered.

SIGNATURE: JEANNE MYERS

PRES

02/21/2012

Electronic Signature of Signing Officer or Director

Date