

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91070 007 ****61.25

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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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3449562**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**NATIONAL ASSO MGT CO.
165 WEST SR 434
WINTER SPRINGS FL 32708**

7. Name and Address of New Registered Agent

Name **National Association Management Co.**
Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

[Signature]

Marc Blum - Pres.

3/14/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 STREET ADDRESS CITY-ST-ZIP	PD GRAHAM, BILL LENNAR HOMES 1110 DOUGLAS AVE STE 3000 ALTAMONTE SPRINGS FL 32714	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHARP, GEORGE 2886 ALOMA OAKS DR OVIEDO FL 32765	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURKS, TODD 2723 CYPRESS HEAD TRAIL OVIEDO FL 32765	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WELLS, ERIC M/I HOMES 237 S WESTMONTE DR STE 111 ALTAMONTE SPRINGS FL 32714	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alternate D Posner, Kenneth 2427 Leaning Pine Lane Oviedo, FL 32765 P/D	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Witter, David 5468 White Heron Pl Oviedo, FL 32765 S/T/D	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Francisco Doueli 2623 Bellewater Pl. Oviedo, FL 32765	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

George W. Sharp Pres.

3.12.03 407-327-5824

CR2E037 (10/02)