

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90013 035 \*\*\*\*61.25

**DOCUMENT # N97000006314**

1. Entity Name  
**ALOMA WOODS PHASE IV HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**1750 W BROADWAY ST STE 118  
OVIEDO, FL 32765 US**

Mailing Address  
**1750 W BROADWAY ST STE 118  
OVIEDO, FL 32765 US**

**40042458**



2. Principal Place of Business - No P.O. Box #  
**206 ELM AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 1596**  
Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

City & State  
**SANFORD FL**  
Zip  
**32771** Country  
**Seminole-US**

City & State  
**SANFORD FL**  
Zip  
**32772** Country  
**Sim-US**

4. FEI Number  
**59-3489219** Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent -

7. Name and Address of New Registered Agent -

**DAVIS, KEVIN**  
**1750 W BROADWAY ST STE 118**  
**OVIEDO, FL 32765**

Name **Premier Property Mgmt CFL**  
Street Address (P.O. Box Number is Not Acceptable)  
**206 ELM AVE**  
City **SANFORD** FL Zip Code **32772**

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 *Hena Halbert*

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, 2007**

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	PD	<input type="checkbox"/> Delete
NAME	SHARP, GEORGE	
STREET ADDRESS	2886+ ALOMA OAKS DRIVE	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILSON, RISE	
STREET ADDRESS	5594 LIGNSTOME LOOP	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PATTERSON, WESLEY	
STREET ADDRESS	2874 ALOMA OAKS DR.	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHRISTINA, MARILYN	
STREET ADDRESS	2882 ALOMA OAKS DR.	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DREXLER, KATHERINE	
STREET ADDRESS	5606 OASIS POINT	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Man Nasserreddeen	
STREET ADDRESS	5600 Sand Crane	
CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Fitzgerald	
STREET ADDRESS	5586 Ligustrum Loop	
CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nick Kosmitis	
STREET ADDRESS	2865 Aloma Oaks Drive	
CITY-ST-ZIP	Oviedo, FL 32765	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 another like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-25-07** **407 346-2873**  
Date Daytime Phone #