

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90186 029 ****61.25

DOCUMENT # N97000006314

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



Principal Place of Business
**206 ELM AVE.
SANFORD, FL 32771 US**

Mailing Address
**P.O. BOX 1596
SANFORD, FL 32772 US**

60035846



04092008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #
165 West SR 434
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 197043
Suite, Apt. #, etc.

City & State
Winter Springs, FL
Zip
32708
Country
USA

City & State
Winter Springs, FL
Zip
32719
Country
USA

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

**PREMIER PROPERTY MGMT.
206 ELM AVE.
SANFORD, FL 32772**

7. Name and Address of New Registered Agent

Name
Palmerston, LLC
Street Address (P.O. Box Number is Not Acceptable)
165 West SR 434
City
Winter Springs **FL** Zip Code
32708

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 **Rakesh Sharma, LCAM**

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

(NOTE: Registered Agent signature required when reinstating)

04/10/08

DATE

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

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
SHARP, GEORGE
2886+ ALOMA OAKS DRIVE
OVIEDO, FL 32765** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
WILSON, RISE
5594 LIGNSTOME LOOP
OVIEDO, FL 32765** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
NASSEREDDEEN, MAN
5600 SAND CRANE
OVIEDO, FL 32765** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
FITZGERALD, JIM
5586 LIGUSTRUM LOOP
OVIEDO, FL 32765** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KOSMITIS, NICK
2865 ALOMA OAKS DR.
OVIEDO, FL 32765** ☐ 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
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
5594 Ligustrum Loop** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
Mark Noll
5538 Ligustrum Loop
Oviedo, FL 32765** ☐ Change ☒ Addition

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

Date

Daytime Phone #

4/23/08