

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006314

FILED
Mar 17, 2009
Secretary of State

Entity Name: ALOMA WOODS PHASE IV HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

390 WEST STATE RD. 434
SUITE 203
LONGWOOD, FL 327504977 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 197043
WINTER SPRINGS, FL 32719 US

New Mailing Address:

FEI Number: 59-3489219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMERSTON, LLC.
390 WEST S.R. 434 STE.203
LONGWOOD, FL 327504977 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: WILSON, RISE'
Address: 5594 LIQUSTRUM LOOP
City-St-Zip: OVIEDO, FL 32765

Title: SD () Delete
Name: NASSEREDDEEN, MAN
Address: 5600 SAND CRANE
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: FITZGERALD, JIM
Address: 5586 LIGUSTRUM LOOP
City-St-Zip: OVIEDO, FL 32765

Title: VPD () Delete
Name: KOSMITIS, NICK
Address: 2865 ALOMA OAKS DR.
City-St-Zip: OVIEDO, FL 32765

Title: TD () Delete
Name: MARK, NOLL
Address: 5538 LIQUSTRUM LOOP
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COLANGELO, VICTORIA
Address: 5530 LIQUSTRUM LOOP
City-St-Zip: OVIEDO, FL 32765

Title: VPD (X) Change () Addition
Name: SHARP, GEORGE
Address: 2886 ALOMA OAKS DR.
City-St-Zip: OVIEDO, FL 32765

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

Title: S/T (X) Change () Addition
Name: KOSMITIS, NICK
Address: 2865 ALOMA OAKS DR.
City-St-Zip: OVIEDO, FL 32765

Title: D (X) Change () Addition
Name: WALKER, THOMAS
Address: 5578 LIQUSTRUM LOOP
City-St-Zip: OVIEDO, FL 32765

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: CHELSEA BONO, EPM SERVICES

MGMT

03/17/2009

Electronic Signature of Signing Officer or Director

Date