


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90240 029 ****61.25

20043972



DOCUMENT # 719493			
1. Entity Name MARKHAM WOODS ASSOCIATION, INC.			
Principal Place of Business 800 N MAGNOLIA AVE SUITE 1500 ORLANDO, FL 32803 US		Mailing Address C/O CAPOUANO, ALBERT D 800 N MAGNOLIA AVE STE 1500 ORLANDO, FL 32803 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CAPOUANO, ALBERT D 800 N MAGNOLIA AVE SUITE 1500 ORLANDO, FL 32803		Name 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEITEL, QUENTIN 4 QUAIL RUN LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition ADDITIONAL DIRECTORS ARE SHOWN ON ATTACHMENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HANNAHS, JACK F 204 ORANGE RIDGE CIRCLE LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHOTT, FRED 2056 HUTTON POINT LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAHAJAN, SATISH 223 VISTA OAK DRIVE LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPOUANO, ALBERT D 15 STONE GATE NORTH LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLT, SHAMUS 23 STONE GATE SOUTH LONGWOOD, FL 32779 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Albert D. Capouano</i>		ALBERT D. CAPOUANO DIRECTOR	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 05/01/06 (407) 428-5113 Daytime Phone #	

ATTACHMENT
ATTACHMENT TO 20643972
2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT #719493

MARKHAM WOODS ASSOCIATION, INC.

11. ADDITIONAL OFFICERS AND DIRECTORS

Title	D
Name	FITCH, JACK
Street Address	2150 MARKHAM WOODS RD
City-St-Zip	LONGWOOD, FL 32779
Title	D
Name	GILLIS-OMAR, COLLEEN
Street Address	3060 TOTIKA COVE
City-St-Zip	LONGWOOD, FL 32770
Title	D
Name	JONES, KENNY R.
Street Address	2025 CROWLEY CIRCLE WEST
City-St-Zip	LONGWOOD, FL 32779
Title	D
Name	LYONS, TERESA
Street Address	36 STONE GATE SOUTH
City-St-Zip	LONGWOOD, FL 32779
Title	D
Name	MEGHJEE, RAZA
Street Address	1031 DUNHURST
City-St-Zip	LONGWOOD, FL 32779
Title	D
Name	POWERS, KENT
Street Address	3 OLD POST RD
City-St-Zip	LONGWOOD, FL 32779
Title	D
Name	RONNING, DOUGLAS R.
Street Address	1737 ALVARADO CT
City-St-Zip	LONGWOOD, FL 32779



ATTACHMENT
20043972

Dean, Mead, Egerton, Bloodworth, Capouano & Bozarth, P.A.
800 North Magnolia Avenue, Suite 1500
P.O. Box 2346 (ZIP 32802-2346)
Orlando, Florida 32803

407-841-1200
407-423-1831 Fax
www.deanmead.com

Orlando
Fort Pierce
Viera

ALBERT D. CAPOUANO
407-428-5113
acapouano@deanmead.com

May 1, 2006

CERTIFIED MAIL #7160 3901 9842 9156 5817
RETURN RECEIPT REQUESTED

Department of State
Division of Corporations
P. O. Box 1500
Tallahassee, Florida 32302-1500

Re: Markham Woods Association, Inc.
Document Number 719493

Gentlemen:

Enclosed for filing is the 2006 Not-For-Profit Corporation Annual Report for Markham Woods Association, Inc., together with this firm's check for \$61.25 in payment of the filing fee that is due.

If you have a question about the Annual Report, please contact the undersigned.

Sincerely,

Mary F. Fendle
Mary F. Fendle, Paralegal

:mf
Enclosures (2)

cc: Quentin R. Beitel w/enclosures
Albert D. Capouano, Esq. w/enclosures

00247562v1