pye 10/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEM		S	ecretary	MENT OF STATE of State preparations		DIVISION OF CONTERNATIONS 09 OCT 14 AM 11: 13
1. Corpora	ition Name	# 719493 I WOODS ASS	SOCIATI	ON, I	NC.		B-10/14/169 STATEMENT 09
800 N. Suite, Apt # SUITE City & State ORLAN Zip	MAGNOL #, etc. 1500	ss - No P.O Box # LIA AVE. Country US	3. Mailing Off 800 N. MA Suite, Apt. #, e SUITE 150 City & State ORLANDO	AGNOLI. etc. 00		4. Date Incorp To Do Busi 5. FEI Numbe 59-27293	
32803		7. Name and Address of		ered Agen	·	CERTIFICATE	for a Certificate of Status
Street Add	MAGNOL #, Etc. 1500	x Number is Not Acceptable)			State Zip Code \$2803	circum the pri are ce receiv	sinstatement fee is imposed, except in stances which the entity did not receive or notices. By checking this box, you ertifying the prior notices were not ed and requesting the reinstatement waived.
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date 10/07/2009							
9. Names	and Street A	ddresses of Each Officer and	1/or Director (Flor	ida nonpro	fit corporations must list at I	east 3 directors)	
Titles		Name of Officers and/or Directors			Street Address of Eac Officer and/or Direct		City / State / Zip
PD	HANNAH	HS, JACK F.		204 OF	RANGE RIDGE CIR	CLE	LONGWOOD, FL 32779
VD	HIGGINS	S, JOHN J.		130 HL	UNTERS TRAIL		LONGWOOD, FL 32779
SD .	JONES,	KENNY R.		2025 C	ROWLEY CIRCLE	WEST	LONGWOOD, FL 32779
D	MAHAJA	AN, SATISH		223 VI	STA OAK DRIVE		LONGWOOD, FL 32779
D	CAPOU	ANO, ALBERT D.		15 ST	ONE GATE NORTH		LONGWOOD, FL 32779

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

2150 MARKHAM WOODS ROAD

SIGNATURE: Albert D. Capouano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FITCH, JACK

D

10/07/2009

LONGWOOD, FL 32779

407-428-5113

Date

Daytime Phone #



Meron

DOCUMENT #719493 MARKHAM WOODS ASSOCIATION, INC.

ADDITIONAL OFFICERS AND DIRECTORS

Titles	Name of Officers and/or Directors	Street Address of Each Office and/or Director	City / State / Zip
D	CRANE, REX	3358 HORSESHOE BEND COURT	LONGWOOD, FL 32779
D	FOWLER, PAUL	3524 ACRE COURT	LAKE MARY, FL 32746
D	GILLIS-OMAR, COLLEEN	3060 TOTIKA COVE	LONGWOOD, FL 32770
D	LYONS, TERESA	36 STONE GATE SOUTH	LONGWOOD, FL 32779
D	POWERS, KENT	3 OLD POST ROAD	LONGWOOD, FL 32779
D	RONNING, DOUGLAS R.	1737 ALVARADO COURT	LONGWOOD, FL 32779