FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:48

DOCUMENT # 743487 (1)

1. Corporation Name

MYRTLE LAKE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 520442 LONGWOOD FL 32752-0442	P.O. BOX 520442 LONGWOOD FL 32752-0442

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/07/1978
3a. Date of Last Report: 10/27/1994
4. FEI Number: 59-1826748 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required.
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

O'CONNER, ROGER
1311 MYRTLE DR
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	O'CONNER, ROGER	1.2 NAME	
STREET ADDRESS	1311 MYRTLE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	FANKHAUSER, DAVID	2.2 NAME	
STREET ADDRESS	1311 RIDGE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	DIX, JEFFREY C.	3.2 NAME	
STREET ADDRESS	1120 SCENIC POINT RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	3.4 CITY-ST-ZIP	
TITLE	S/D	4.1 TITLE	☐ Change ☐ Addition
NAME	PARKER, COLEEN	4.2 NAME	
STREET ADDRESS	1921 LAKESHORE CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	TESCH, RICHARD	5.2 NAME	
STREET ADDRESS	1350 CANAL POINT RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	SCHMITT, WARREN	6.2 NAME	
STREET ADDRESS	1830 LAKESHORE CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is truthfully furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added to this document with an address.

SIGNATURE: DAVID G.E. FANKHAUSER 1/25/95 #07 -331-0331
Signature of Officer or Director PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0051813