

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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**

3. Date Incorporated or Qualified **07/07/1978** 3a. Date of Last Report **02/03/1995**  
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**  
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 28 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'CONNER, ROGER</b>	12 NAME	
STREET ADDRESS	<b>1311 MYRTLE DR</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>	14 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FANKHAUSER, DAVID</b>	22 NAME	
STREET ADDRESS	<b>1311 RIDGE RD</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>	24 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIX, JEFFREY C.</b>	32 NAME	
STREET ADDRESS	<b>1120 SCENIC POINT RD</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>	34 CITY-ST-ZIP	
TITLE	<b>S/D</b> <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARKER, COLEEN</b>	42 NAME	
STREET ADDRESS	<b>1921 LAKESHORE CIR</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>	44 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TESCH, RICHARD</b>	52 NAME	
STREET ADDRESS	<b>1350 CANAL POINT RD</b>	53 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*David G. F. Fankhauser*  
**David G. F. Fankhauser**

*1/17/96 407-260-SD15*  
Date Daytime Phone #

CR2E037 (12/95)