

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **743487** (1)  
1. Corporation Name  
**MYRTLE LAKE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>P.O. BOX 520442 LONGWOOD FL 32752-0442</b>	Mailing Address <b>P.O. BOX 520442 LONGWOOD FL 32752-0442</b>
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3. Date Incorporated or Qualified <b>07/07/1978</b>	3a. Date of Last Report <b>01/25/1996</b>
4. FEI Number <b>59-1826748</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Country	28. Zip Country
24. Zip Country	29. Zip Country

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. City
84. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>P O'CONNER, ROGER</b>
STREET ADDRESS	<b>1311 MYRTLE DR</b>
CITY - ST - ZIP	<b>LONGWOOD FL 32750</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>T FANKHAUSER, DAVID</b>
STREET ADDRESS	<b>1311 RIDGE RD</b>
CITY - ST - ZIP	<b>LONGWOOD FL 32750</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>V DIX, JEFFREY C.</b>
STREET ADDRESS	<b>1120 SCENIC POINT RD</b>
CITY - ST - ZIP	<b>LONGWOOD FL 32750</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>S/D PARKER, COLEEN</b>
STREET ADDRESS	<b>1921 LAKESHORE CIR</b>
CITY - ST - ZIP	<b>LONGWOOD FL 32750</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D TESCH, RICHARD</b>
STREET ADDRESS	<b>1350 CANAL POINT RD</b>
CITY - ST - ZIP	<b>LONGWOOD FL 32750</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>TREASURER/DIRECTOR KATZ, MARTY</b>
2.3 STREET ADDRESS	<b>1341 CANAL POINT RD.</b>
2.4 CITY - ST - ZIP	<b>LONGWOOD FL 32750</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>VICE PRESIDENT/DIRECTOR MAINGOT, LARRY</b>
3.3 STREET ADDRESS	<b>1060 VISTA ROAD</b>
3.4 CITY - ST - ZIP	<b>LONGWOOD, FL 32750</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4/27/97** DAYTIME PHONE: **(407) 834-9579**

CR2E037 (9/96)