


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 04 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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 P.O. BOX 520442 LONGWOOD FL 32752-0442	Mailing Address P.O. BOX 520442 LONGWOOD FL 32752-0442
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3. Date Incorporated or Qualified <b>07/07/1978</b>	
4. FEI Number <b>59-1826748</b>	Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	24 Country	25 Country	29 Zip	30 Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**O'CONNOR, 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	<b>FL</b>
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**

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>O'CONNOR, ROGER</b>
STREET ADDRESS	<b>1311 MYRTLE DR</b>
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>KATZ, MARTY</b>
STREET ADDRESS	<b>1341 CANAL POINT RD</b>
CITY-ST-ZIP	<b>LONGWOOD FL</b>
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE
NAME	<b>MAINGOT, LARRY</b>
STREET ADDRESS	<b>1060 VISTA ROAD</b>
CITY-ST-ZIP	<b>LONGWOOD FL</b>
TITLE	<b>S/D</b> <input type="checkbox"/> DELETE
NAME	<b>PARKER, COLEEN</b>
STREET ADDRESS	<b>1921 LAKESHORE CIR</b>
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>O'CONNOR, ROGER</b>
1.3 STREET ADDRESS	<b>1311 MYRTLE DR.</b>
1.4 CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>ARTINGSTALL, THOMAS</b>
5.3 STREET ADDRESS	<b>100 E. FIRST STREET</b>
5.4 CITY-ST-ZIP	<b>SADFORD FL 32777</b>
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 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: *Thomas MIP Artingstall* **JAN 26, 98** <sup>407</sup> 322-7534x6217

CR2E037 (10/97)