

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 06, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-06-1999 90009 041 *****61.25

DOCUMENT # 743487

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/07/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1826748	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
O'CONNOR, ROGER 1311 MYRTLE DR LONGWOOD FL 32750				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	07/07/1978	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'CONNOR, ROGER			1.2 NAME			
STREET ADDRESS	1311 MYRTLE DR			1.3 STREET ADDRESS	59-1826748		
CITY-ST-ZIP	LONGWOOD FL 32750			1.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KATZ, MARTY			2.2 NAME			
STREET ADDRESS	1341 CANAL POINT RD			2.3 STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL 32750			2.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAINGOT, LARRY			3.2 NAME			
STREET ADDRESS	1060 VISTA ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL			3.4 CITY-ST-ZIP			
TITLE	S/D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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	P	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARTINGSTALL, THOMAS			5.2 NAME			
STREET ADDRESS	100 E FIRST STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	SANFORD FL 32771			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'CONNOR, ROGER			6.2 NAME			
STREET ADDRESS	1311 MYRTLE DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL 32750			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, with all other like empowered.

SIGNATURE: *Thomas Artingstall* 1/14/99 407-665-6217
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)