

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90195 037 ****61.25

DOCUMENT # 743487

1. Entity Name

MYRTLE LAKE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 520442
 LONGWOOD FL 32752-0442

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 LONGWOOD FL 32752-0442

00012814



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1826748

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'CONNOR, ROGER
1311 MYRTLE DR
LONGWOOD FL 32750

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D O'CONNOR, ROGER**
 STREET ADDRESS **1311 MYRTLE DR**
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE Change Addition
 NAME **TREASURER**
 STREET ADDRESS **MAINGOT, LARRY**
 CITY-ST-ZIP **1060 VISTA ROAD**
LONGWOOD FL 32750

TITLE Delete
 NAME **TD KATZ, MARTY**
 STREET ADDRESS **1341 CANAL POINT RD**
 CITY-ST-ZIP **LONGWOOD FL**

TITLE Change Addition
 NAME **VICE PRESIDENT**
 STREET ADDRESS **HOGAN, DAN**
 CITY-ST-ZIP **1611 CRESCENT ROAD**
LONGWOOD FL 32750

TITLE Delete
 NAME **VPD MAINGOT, LARRY**
 STREET ADDRESS **1060 VISTA ROAD**
 CITY-ST-ZIP **LONGWOOD FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S/D PARKER, COLEEN**
 STREET ADDRESS **1921 LAKESHORE CIR**
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P ARTINGSTALL, THOMAS**
 STREET ADDRESS **100 E FIRST STREET**
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas Artingstall
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/01 407-665-6217
 Date Daytime Phone #

CR2E037 (10/00)