

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743487

FILED
Aug 30, 2004
Secretary of State**Entity Name:** MYRTLE LAKE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**P.O. BOX 520442
LONGWOOD, FL 327520442**New Principal Place of Business:**P.O. BOX 520442
LONGWOOD, FL 327520442 US**Current Mailing Address:**P.O. BOX 520442
LONGWOOD, FL 327520442**New Mailing Address:**P.O. BOX 520442
LONGWOOD, FL 327520442 US**FEI Number:** 59-1826748**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**O'CONNER, ROGER
1311 MYRTLE DR
LONGWOOD, FL 32750 US**Name and Address of New Registered Agent:**MAINGOT, LARRY C TREASUR
1060 VISTA ROAD
LONGWOOD, FL 32750 US

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: LARRY MAINGOT

08/30/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D () Delete
Name: O'CONNER, ROGER,
Address: 1311 MYRTLE DR
City-St-Zip: LONGWOOD, FL 32750Title: TD () Delete
Name: KATZ, MARTY
Address: 1341 CANAL POINT RD
City-St-Zip: LONGWOOD, FLTitle: T () Delete
Name: MAINGOT, LARRY
Address: 1060 VISTA ROAD
City-St-Zip: LONGWOOD, FL 32750Title: S/D () Delete
Name: PARKER, COLEEN,
Address: 1921 LAKESHORE CIR
City-St-Zip: LONGWOOD, FL 32750Title: P () Delete
Name: ARTINGSTALL, THOMAS
Address: 100 E FIRST STREET
City-St-Zip: SANFORD, FL 32771Title: VP (X) Delete
Name: HOGAN, DAN
Address: 1611 CRESCENT ROAD
City-St-Zip: LONGWOOD, FL 32750**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: D (X) Change () Addition
Name: O'CONNOR, ROGER D
Address: 1311 MYRTLE DR
City-St-Zip: LONGWOOD, FL 32750 USTitle: TD (X) Change () Addition
Name: O'CONNOR, RICHARD D
Address: 1311 SCENIC POINT
City-St-Zip: LONGWOOD, FL 32750 USTitle: T (X) Change () Addition
Name: MAINGOT, LARRY
Address: 1060 VISTA ROAD
City-St-Zip: LONGWOOD, FL 32750 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY MAINGOT

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08/30/2004

Electronic Signature of Signing Officer or Director

Date