

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90207 013 ****61.25

0072260

DOCUMENT # 743487

1. Entity Name
MYRTLE LAKE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
P.O. BOX 520442 **P.O. BOX 520442**
LONGWOOD FL 32752-0442 **LONGWOOD FL 32752-0442**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1826748** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

O'CONNOR, ROGER
1311 MYRTLE DR
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	O'CONNOR, ROGER	
STREET ADDRESS	1311 MYRTLE DR	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KATZ, MARTY	
STREET ADDRESS	1341 CANAL POINT RD	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MAINGOT, LARRY	
STREET ADDRESS	1060 VISTA ROAD	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	PARKER, COLEEN	
STREET ADDRESS	1921 LAKESHORE CIR	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	P	<input type="checkbox"/> Delete
NAME	ARTINGSTALL, THOMAS	
STREET ADDRESS	100 E FIRST STREET	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOGAN, DAN	
STREET ADDRESS	1611 CRESCENT ROAD	
CITY-ST-ZIP	LONGWOOD FL 32750	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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* 5/15/03 407-665-6217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)