


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90076 039 ****61.25

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|--|--|--|--|---|--|
| DOCUMENT # 755091 1. Entity Name MARKHAM PLACE HOMEOWNERS ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 171 ARCHERS PT LONGWOOD, FL 32779 US | | | Mailing Address 171 ARCHERS PT LONGWOOD, FL 32779 US | | |
| 2. Principal Place of Business - No P.O. Box # 141 Hunters Trail | | 3. Mailing Address 141 Hunters Trail | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Longwood, FL | | City & State Longwood, FL | | 4. FEI Number 59-3511735 | |
| Zip 32779 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DISALVATORE, LORETTA 171 ARCHERS PT LONGWOOD, FL 32779 | | | 7. Name and Address of New Registered Agent Name Sandra Graham Street Address (P.O. Box Number is Not Acceptable) 141 Hunters Trail City Longwood FL Zip Code 32779 | | |
| 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 <i>Sandra J. Graham</i> Sandra J. Graham | | | | DATE 5-1-07 | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HIGGINS, JOHN 130 HUNTERS TRL LONGWOOD, FL 32779 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Merle Flandermeyer 230 Hunters Trl Longwood FL 32779 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP YACKWACK, MICHAEL 220 HUNTERS TRL LONGWOOD, FL 32779 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Glen Brunskill 220 Hunters Trl Longwood FL 32779 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SCHMITT, NANCY 151 ARCHERS POINT LONGWOOD, FL 32779 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Sandra Graham 141 Hunters Trl Longwood FL 32779 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DISALVATORE, LORETTA 171 ARCHERS PT LONGWOOD, FL 32779 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | BMAL Jon Martin 110 Hunters Trl Longwood FL 32779 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BMAL WEBSTER, JOSEPH 220 ARCHERS PT LONGWOOD, FL 32779 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Sandra Graham 141 Hunters Trl Longwood FL 32779 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SCHMITT, NANCY 151 ARCHERS POINT LONGWOOD, FL 32779 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Sandra Graham 141 Hunters Trl Longwood FL 32779 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Sandra J. Graham</i> | | | | Date 5-1-07 Daytime Phone # 407-444-3093 | |