2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2009
Secretary of State

DOCUMENT# 755091

Entity Name: MARKHAM PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

220 HUNTERS TRAIL
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

220 HUNTERS TRAIL
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3511735 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRUNSKILL, GLENN
220 HUNTERS TRAIL
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FLANDERMEYER, MERLE
Address: 230 HUNTERS TR.
City-St-Zip: LONGWOOD, FL 32779

Title: V ( ) Delete
Name: SMITH, NELLIE
Address: 161 HUNTERS TR.
City-St-Zip: LONGWOOD, FL 32779

Title: S ( ) Delete
Name: SCHMITT, NANCY
Address: 151 ARCHERS POINT
City-St-Zip: LONGWOOD, FL 32779

Title: T ( ) Delete
Name: BRUNSKILL, GLENN
Address: 220 HUNTERS TR.
City-St-Zip: LONGWOOD, FL 32779

Title: BMAL ( ) Delete
Name: MARTIN, JON
Address: 110 HUNTERS TR.
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BRUNSKILL, GLENN
Address: 220 HUNTERS TR.
City-St-Zip: LONGWOOD, FL 32779

Title: V (X) Change ( ) Addition
Name: FLANDERMEYER, MERLE
Address: 230 HUNTERS TR.
City-St-Zip: LONGWOOD, FL 32779

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: SMITH, NELLIE
Address: 161 HUNTERS TR.
City-St-Zip: LONGWOOD, FL 32779

Title: BMAL (X) Change ( ) Addition
Name: BRUGGE, JONAS
Address: 101 HUNTERS TR.
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GLENN BRUNSKILL P 02/01/2009

Electronic Signature of Signing Officer or Director — Date