

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L77893

(0)

1. Corporation Name

MARKHAM WOODS REALTY, INC.



Principal Place of Business

Mailing Address

2200 GORDON DRIVE
NAPLES FL 33940

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NAPLES FL 33940

3. Date Incorporated or Qualified
06/05/1990

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3014074

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

A.G.C. CO.
2300 SUN BANK CENTER, 200 S ORANGE AVE.
ORLANDO FL 32801

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S ☒ DELETE
NAME SEXTON, DAVID N
STREET ADDRESS 1167 THIRD ST SO
CITY-STATE-ZIP NAPLES FL

TITLE PD ☐ DELETE
NAME DE GROOTE, MICHAEL H., JR
STREET ADDRESS 1100 BURLOAK DRIVE
CITY-STATE-ZIP BURLINGTON, ONT, CAN.

TITLE DV ☐ DELETE
NAME PEKARUK, JERRY
STREET ADDRESS 1100 BURLOAK DRIVE
CITY-STATE-ZIP BURLINGTON, ONT, CAN.

TITLE V ☒ DELETE
NAME CAMERON KICKLIGHTER
STREET ADDRESS 2180 W. STATE ROAD 434, SUITE 2110
CITY-STATE-ZIP LONEWOOD FL

TITLE DV ☐ DELETE
NAME LUCHAK, FRED
STREET ADDRESS 11 VICTORIA STREET, P.O. BOX HM 1065
CITY-STATE-ZIP HAMILTON HMEX BE

TITLE VS ☒ DELETE
NAME UNDERWOOD, ROBERT
STREET ADDRESS 1766 ALAQUA DRIVE
CITY-STATE-ZIP LONGWOOD FL

11 TITLE V ☐ Change ☒ Addition
12 NAME DELOOTTE, MICHAEL G
13 STREET ADDRESS 11 VICTORIA STREET
14 CITY-STATE-ZIP HAMILTON, BERAMUDA HM EX

21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP L7L682

31 TITLE DN/JS ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP L7L682

41 TITLE DV ☐ Change ☒ Addition
42 NAME DELOOTTE, LARRY W.
43 STREET ADDRESS 1100 BURLOAK DRIVE
44 CITY-STATE-ZIP BURLINGTON, ONTARIO L7L682

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY PEKARUK

2/2/96

441-262-3244

Date

Daytime Phone #

CR2E034 (12/95)