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Feb 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L77893

(0)

1. Corporation Name

MARKHAM WOODS REALTY, INC.

Principal Place of Business

2200 GORDON DRIVE
NAPLES FL 33940

Mailing Address

2200 GORDON DRIVE
NAPLES FL 34102-7648



2. Principal Place of Business

21 1766 ALABAMA DRIVE
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 LONGWOOD, FLORIDA

City & State

28

Zip

24 32779

Country

25 U.S.A.

Zip

29

Country

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

06/05/1990

3a. Date of Last Report

03/04/1996

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

10. Name and Address of New Registered Agent

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV
NAME DEGROOTE, MICHAEL G
STREET ADDRESS 11 VICTORIA ST
CITY-ST-ZIP HAMILTON BE

☐ DELETE

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

☐ DELETE

TITLE DVS
NAME PEKARUK, JERRY
STREET ADDRESS 1100 BURLOAK DRIVE
CITY-ST-ZIP BURLINGTON, ONT, CAN.

☐ DELETE

TITLE DV
NAME LUCHAK, FRED
STREET ADDRESS 11 VICTORIA STREET, P.O. BOX HM 1065
CITY-ST-ZIP HAMILTON HMX BE

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DV
1.2 NAME DEGROOTE, MICHAEL G
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP HAMILTON, HMX, BERMUDA

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 1100 BURLOAK DRIVE
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE DV
5.2 NAME DEGROOTE, GARY W.
5.3 STREET ADDRESS 1100 BURLOAK DRIVE
5.4 CITY-ST-ZIP BURLINGTON, ONTARIO, L7L 6B2

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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 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:

Jerry Pekaruk
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 4, 1997

Date

401-202-3214

Daytime Phone #

CR2E034 (9/96)