


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

|   |   |   |
|---|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1999 |  | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # L77893

1. Corporation Name  
MARKHAM WOODS REALTY, INC.

Principal Place of Business

1766 ALAQUA DR  
LONGWOOD FL 32779  
US

Mailing Address

2200 GORDON DRIVE  
NAPLES FL 33940

FILED

99 JAN 13 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1990

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 owes the current year intangible  
Personal Property Tax.

☒ Yes ☐ No

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

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25

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34102

30

U.S.

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

TITLE V ☐ DELETE

NAME SEXTON, DAVID N  
STREET ADDRESS 1167 THIRD STREET, S  
CITY-ST-ZIP NAPLES FL 34102

TITLE PD ☐ DELETE

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

TITLE DVS ☐ DELETE

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

TITLE DV ☐ DELETE

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

TITLE DV ☐ DELETE

NAME DEGROOTE, GARY W  
STREET ADDRESS 1100 BURLOAK DR  
CITY-ST-ZIP BURLINGTON ON

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. 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 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, with all other like empowered.

SIGNATURE:

*Jerry Pekaruk*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

Date

941-262-3214

Daytime Phone #

04551C

CR2E034 (11/98)