2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N00000000503

Entity Name: LAKE MARKHAM PRESERVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3627989 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 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: PD ( ) Delete
Name: RAHBARI, KAIVAN
Address: 7730 FLEMINGWOOD COURT
City-St-Zip: SANFORD, FL 32771

Title: TSD ( ) Delete
Name: MIRANDA, ERICK
Address: 1858 LAKE MARKHAM PRESERVE TRAIL
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete
Name: GAGNE, KEVIN
Address: 1911 LAKE MARKHAM PRESERVE TRAIL
City-St-Zip: SANFORD, FL 32771

Title: VPD ( ) Delete
Name: KELLEY, BRIAN
Address: 1923 LAKE MARKHAM PRESERVE TRAIL
City-St-Zip: SANFORD, FL 32771

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VPD (X) Change ( ) Addition
Name: KELLEY, KATHY
Address: 7745 MARKHAM BEND PL
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Change (X) Addition
Name: SOMMERVILLE, TOM
Address: 7761 ISLEWOOD CT
City-St-Zip: SANFORD, FL 32771

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: KAIVAN RAHBARI PD 04/14/2009

Electronic Signature of Signing Officer or Director — Date