

# 2001 UNIFORM BUSINESS REPORT (UBR)

2/1

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90047 035 \*\*\*\*70.00

**DOCUMENT # N00000005723**

1. Entity Name

**MARKHAM OAKS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

1731 CEDAR STONE COURT  
 LAKE MARY FL 32746

Mailing Address

1731 CEDAR STONE COURT  
 LAKE MARY FL 32746

2. Principal Place of Business

1749 Cedar Stone Court  
 Suite, Apt. #, etc.

3. Mailing Address

1749 Cedar Stone Court  
 Suite, Apt. #, etc.

City & State

Lake Mary FL

City & State

Lake Mary FL

4. FEI Number

59-368647

TAX-Exempt  
 Status

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

PITCHER, ISABELLE M  
 1731 CEDAR STONE COURT  
 LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name: Luis R. Fresquez  
 Street Address (P.O. Box Number is Not Acceptable):  
 1749 Cedar Stone Court  
 City: Lake Mary FL Zip Code: 32746

8. 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: Luis R. Fresquez Luis R. Fresquez President Feb 14, 2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	President	<input checked="" type="checkbox"/> Delete
NAME	Isabelle M. Pitcher	
STREET ADDRESS	1731 Cedar Stone Ct	
CITY-ST-ZIP	Lake Mary FL 32746	
TITLE	Vice President	<input checked="" type="checkbox"/> Delete
NAME	Mike McCordle	
STREET ADDRESS	1707 Cedar Stone Ct	
CITY-ST-ZIP	Lake Mary FL 32746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luis R. Fresquez	
STREET ADDRESS	1749 Cedar Stone Ct	
CITY-ST-ZIP	Lake Mary FL 32746	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fred Herring	
STREET ADDRESS	1748 Cedar Stone Ct	
CITY-ST-ZIP	Lake Mary FL	
TITLE	Barbara Taylor TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	1730 Cedar Stone Ct	
CITY-ST-ZIP	Lake Mary FL 3274	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Luis R. Fresquez President Feb 14, 2001 407 333 2489  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**Luis R. Fresquez**  
 President  
 Director

CR2E037 (10/00)