2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004
Secretary of State

DOCUMENT# N00000005723

Entity Name: MARKHAM OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1707 CEDAR STONE COURT
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

1707 CEDAR STONE COURT
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 59-3668647 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MC ARDLE, MICHAEL F
17074 CEDAR STONE CT.
LAKE MARY, FL 32746

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:	MC ARDLE, MICHAEL F	
Address:	1707 CEDAR STONE CT.	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	VPD	( ) Delete
Name:	PICHUR, ISABELL	
Address:	1731 CEDAR STONE CT.	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	TD	( ) Delete
Name:	WAXMAN, KIM	
Address:	1713 CEDAR STONE CT.	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	TD	( ) Delete
Name:	SHURLEY, CAREY	
Address:	1755 CEDAR STONE COURT	
City-St-Zip:	LAKE MARY, FL 32746	

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL MCARDLE PD 02/06/2004

Electronic Signature of Signing Officer or Director — Date