

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00000005723 1. Entity Name MARKHAM OAKS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1707 CEDAR STONE COURT LAKE MARY, FL 32746				Mailing Address 1707 CEDAR STONE COURT LAKE MARY, FL 32746	
2. Principal Place of Business 190 N. Westmonte Dr. Suite, Apt. #, etc. Suite 100 City & State Altamonte Springs, FL Zip 32714		3. Mailing Address 190 N. Westmonte Dr. Suite, Apt. #, etc. Suite 100 City & State Altamonte Springs, FL Zip 32714		4. FEI Number 59-3668647 Applied For <input type="checkbox"/> \$8.75 Additional Fee Required <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MC ARDLE, MICHAEL F 1707 CEDAR STONE CT. LAKE MARY, FL 32746				7. Name and Address of New Registered Agent Name Marilyn Campbell Street Address (P.O. Box Number is Not Acceptable) C/o Central Property Management, Inc 190 N. Westmonte Dr., Suite 100 Altamonte Springs FL 32714	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Marilyn Campbell</u> <u>MARILYN CAMPBELL</u> <u>10-24-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME MC ARDLE, MICHAEL F STREET ADDRESS 1707 CEDAR STONE CT. CITY-ST-ZIP LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Corfield, Glen E. STREET ADDRESS 1743 Cedar Stone Ct CITY-ST-ZIP Lake Mary, FL 32746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPD NAME PITCHER, ISABELL STREET ADDRESS 1731 CEDAR STONE CT. CITY-ST-ZIP LAKE MARY, FL 32746	<input type="checkbox"/> Delete		TITLE SD NAME Pitcher, Isabelle M. STREET ADDRESS 1731 Cedar Stone Ct CITY-ST-ZIP Lake Mary, FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME WAXMAN, KIM STREET ADDRESS 1713 CEDAR STONE CT. CITY-ST-ZIP LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME SHURLEY, CAREY STREET ADDRESS 1755 CEDAR STONE COURT CITY-ST-ZIP LAKE MARY, FL 32746	<input type="checkbox"/> Delete		TITLE VPD NAME Shurley, William C STREET ADDRESS 1755 Cedar Stone Ct. CITY-ST-ZIP Lake Mary, FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Isabelle Pitcher</u> <u>11-1-06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					