2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005723

FILED Apr 09, 2009 Secretary of State

Entity Name: MARKHAM OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

860 NORTH S.R. 434 1731 CEDAR STONE CT **SUITE 1009** LAKE MARY, FL 32746

ALTAMONTE SPRINGS, FL 32714

New Mailing Address: Current Mailing Address:

860 NORTH S.R. 434 **SUITE 1009**

ALTAMONTE SPRINGS, FL 32714

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CAMPBELL, MARILYN 860 NORTH S.R. 434 **SUITE 1009** ALTAMONTE SPRINGS, FL 32714 US

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

(X) Change () Addition () Delete PITCHER, ISABELL M PITCHER, ISABELL M Name: Name: 1731 CEDAR STONE CT. Address: 1731 CEDAR STONE CT. Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: LAKE MARY, FL 32746 US

Title: () Delete Title: (X) Change () Addition SHURLEY, WILLIAM C Name: SHURLEY, WILLIAM C Name: Address: 1755 CEDAR STONE COURT Address: 1755 CEDAR STONE COURT

City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: LAKE MARY, FL 32746 US Title: () Delete Title: (X) Change () Addition

SCHIRARD, MIKE SCHIRARD, SYDNEY M Name: Name: 1761 CEDAR STONE CT Address: Address: 1761 CEDAR STONE CT City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: LAKE MARY, FL 32746 US

Title: () Delete Title: MGR () Change (X) Addition Name: Name: RUSSELL, MIRIAM A MGR Address: Address: 860 NORTH S.R. 434, SUITE 1009 City-St-Zip: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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: MIRIAM A. RUSSELL MGR 04/09/2009