## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000009373

FILED Apr 30, 2005 Secretary of State

Entity Name: MARKHAM ESTATES HOMEOWNERS ASSOCIATION, INC.

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

211 W FIRST ST PO 954178

SANFORD, FL 32771 LAKE MARY, FL 32795 US

Current Mailing Address: New Mailing Address:

211 W FIRST ST PO 954178

SANFORD, FL 32771 LAKE MARY, FL 32795 US

FEI Number: 37-1465596 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:

DOYLE, JAMES M
211 W FIRST ST
8183 NARROW LEAF POINT SANFORD, FL 32771 US
SANFORD, FL 32771 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: JANET FISHER 04/30/2005

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: D ( ) Delete Title: P (X) Change ( ) Addition

Name: RODE, RUDOLPH Name: FISHER, JANET
Address: 32618 WEKIVA PINES BLVD Address: 8183 NARROW LEAF POINT

 Address:
 32618 WEKIVA PINES BLVD
 Address:
 8183 NARROW LEAF POINT

 City-St-Zip:
 SORRENTO, FL 32776
 City-St-Zip:
 SANFORD, FL 32771

Title: D ( ) Delete Title: VP-T (X) Change ( ) Addition

 Name:
 DOYLE, JAMES M
 Name:
 COERPER, JOHN C

 Address:
 31405 STATE ROAD 46
 Address:
 103 WORNALL DRIVE

 City-St-Zip:
 SORRENTO, FL 32776
 City-St-Zip:
 SANFORD, FL 32771

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\ ) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad ({\sf X}) \, {\sf Change} \, (\ ) \, {\sf Addition}$ 

Name: DOYLE, DEBORAH G Name: LIPORI, JOHN
Address: 31405 STATE ROAD 46 Address: 2024 COURTYARD LO

 Address:
 31405 STATE ROAD 46
 Address:
 2024 COURTYARD LOOP

 City-St-Zip:
 SORRENTO, FL 32776
 City-St-Zip:
 SANFORD, FL 32771

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: JANET FISHER PRES 04/30/2005