


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000009373		
1. Entity Name MARKHAM ESTATES HOMEOWNERS ASSOCIATION, INC.		

Principal Place of Business PO 954178 LAKE MARY, FL 32795 US	Mailing Address PO 954178 LAKE MARY, FL 32795 US
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DO NOT WRITE IN THIS SPACE



02272006 No Chg-NP	CR2E037 (11/05)
4. FEI Number 37-1465596	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

FISHER, JANET
8183 NARROW LEAF POINT
SANFORD, FL 32771

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2006**


9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11190111455001
03/22/06-80057-021 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FISHER, JANET 8183 NARROW LEAF POINT SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-T COERPER, JOHN C 103 WORNALL DRIVE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIPORI, JOHN 2024 COURTYARD LOOP SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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:  **JOHN COERPER** **3/10/06** **407-444-8789**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone