


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90031 037 ****61.25

DOCUMENT # N02000009373

1. Entity Name
MARKHAM ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 PO 954178 PO 954178
 LAKE MARY, FL 32795 US LAKE MARY, FL 32795 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

03152007 Chg-NP CR2E037 (12/06)

City & State City & State

Zip Country Zip Country

4. FEI Number
37-1465596 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FISHER, JANET
8183 NARROW LEAF POINT
SANFORD, FL 32771

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____

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

Filing Fee is \$61.25
Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FISHER, JANET	
STREET ADDRESS	8183 NARROW LEAF POINT	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	VP-T	<input checked="" type="checkbox"/> Delete
NAME	COERPER, JOHN C	
STREET ADDRESS	103 WORNALL DRIVE	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LIPORI, JOHN	
STREET ADDRESS	2024 COURTYARD LOOP	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN LHERISSON	
STREET ADDRESS	8178 NARROW LEAF POINT	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	VP-T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY GAUTSCH	
STREET ADDRESS	8219 NARROW LEAF POINT	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHANIE ALDRIDGE	
STREET ADDRESS	8201 NARROW LEAF POINT	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Anthony Gautsch **ANTHONY GAUTSCH, TREASURER V.P.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 19, 2007 407 321 0765
Date Daytime Phone #