## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # N0200009373  1. Entity Name MARKHAM ESTATES HOMEOWNERS ASSOCIATION, INC.										07 90031 03		
PO 954178 PO 9				g Address 54178 MARY, FL 32795	US					1 88/11 <b>58</b> /11 88/18 4		
2. Principal Place of Business - No P.O. Box # 3. M			3. Mail	Mailing Address								
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				03152007	Chg-NP	CR2E0	37 (12/06)	
City & State			Cit	City & State				4. FEI Number         Applied For Not Applicable				<del></del>
Zip	Zip Country			Zip				5. Certificate o	f Status Desire	od 🔲	\$8.75 Add Fee Required	
	6. Name	and Address of Current	Registere	d Agent				7. Name and A	Address of Ne	w Registered	Agent	
						Name						
FISHER, JANET 8183 NARROW LEAF POINT SANFORD, FL 32771				Street Address (			P.O. Box Number is Not Acceptable)					
					City					FL	Zip Code	ė
	named entity	submits this statement for	r the purp	ose of changing its	registere	ed office o	r register	ed agent, or both	, in the State o	f Florida, I am	familiar with,	and accept
-	_	_										
SIGNATURE.	Signature, typed	or printed name of registered agent	and title if app	licable. (NOTE	: Registered	d Agent signer	ture required	when reinstating)	· .	DATE	<del></del>	<del></del>
SIGNATURE .	Filing Fe	e is \$61.25	and title if app	9. Election Cam Trust Fund C	paign F	inancing	ture required	\$5.00 May Be		Make chec		
	Filing Fe Due by M	e is \$61.25 lay 1, 2007		9. Election Carr	npaign F ontributi	inancing	0	\$5.00 May Be Added to Fees	F	Make checi Florida Depar	tment of St	tate
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12. I hereby certify that the information supplied with this filling 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.

ANTHOMY GAUTES ANTER V. P.

**SIGNATURE:** 

GNATURE AND TYPED OF PRINTED MAKE OF BIGHING OFFICER OR DIRECTOR

March 19, 2007 4073210765