

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 16, 2009  
Secretary of State**

DOCUMENT# N02000009373

Entity Name: MARKHAM ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8183 NARROW LEAF POINT  
LAKE MARY, FL 32795 US

**New Principal Place of Business:**

8292 NARROW LEAF POINT  
LAKE MARY, FL 32795 US

**Current Mailing Address:**

PO 954178  
LAKE MARY, FL 32795 US

**New Mailing Address:**

FEI Number: 37-1465596      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FISHER, JANET  
8183 NARROW LEAF POINT  
SANFORD, FL 32771 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LHERISSON, JEAN  
Address: 8178 NARROWLEAF POINT  
City-St-Zip: SANFORD, FL 32771

Title: VP-T ( ) Delete  
Name: GAUTSCH, ANTHONY  
Address: 8219 NARROW LEAF POINT  
City-St-Zip: SANFORD, FL 32771

Title: S ( ) Delete  
Name: ALDRIDGE, STEPHANIE  
Address: 8201 NARROW LEAF POINT  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: COERPER, JOHN  
Address: 8292 DAY LILY PLACE  
City-St-Zip: SANFORD, FL 32771

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: CANNON, LEIGH  
Address: 8298 DAY LILY PLACE  
City-St-Zip: SANFORD, FL 32771

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: ANTHONY GAUTSCH

VP-T

03/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date