

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90055 036 ****70.00

UBR037C

DOCUMENT # N02000009373

1. Entity Name
MARKHAM ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**211 W FIRST ST
SANFORD FL 32771**

Mailing Address
**211 W FIRST ST
SANFORD FL 32771**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**DOYLE, JAMES M
211 W FIRST ST
SANFORD FL 32771**

4. FEI Number
Applied For

Applied For / Not Applicable

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

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

FILE NOW: FEE IS \$61.25

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	D	<input type="checkbox"/> Delete
NAME	RODE, RUDOLPH	
STREET ADDRESS	32618 WEKIVA PINES BLVD	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOYLE, JAMES M	
STREET ADDRESS	31405 STATE ROAD 46	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOYLE, DEBORAH G	
STREET ADDRESS	31405 STATE ROAD 46	
CITY-ST-ZIP	SORRENTO FL 32776	
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		<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		
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 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 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: *[Signature]* **SIGNATURE REQUIRED** *James M. Doyle 4-25-03 407-322-2495*

CR2E037 (10/02)