
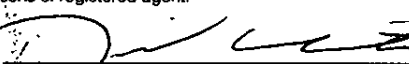
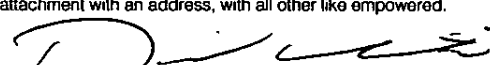


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90127 004 \*\*\*\*61.25

<b>DOCUMENT # N04000001788</b> 1. Entity Name <b>MYRTLEWOOD HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>146 HORIZON CT. LAKELAND, FL 33813</b>		Mailing Address <b>146 HORIZON CT. LAKELAND, FL 33813</b>	
2. Principal Place of Business <b>5337 N Socrum Loop Rd</b> Suite, Apt. #, etc. <b>#166</b> City & State <b>Lakeland, FL</b> Zip <b>33809</b>		3. Mailing Address <b>5337 N Socrum Loop Rd</b> Suite, Apt. #, etc. <b>#166</b> City & State <b>Lakeland, FL</b> Zip <b>33809</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>22-3903172</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DAVIS, AILEEN S 100 SOUTH ASHLEY DR., SUITE 1500 TAMPA, FL 33602</b>		7. Name and Address of New Registered Agent Name <b>Daniel Whitmore</b> Street Address (P.O. Box Number is Not Acceptable) <b>6445 Myrtlewood Dr.</b> City <b>Lakeland</b>	
FL		Zip Code <b>33810</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>02/21/06</b>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ERICKSON, ARTHUR H</b> <b>146 HORIZON CT.</b> <b>LAKELAND, FL 33813</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>SALZMAN, ROBERT J</b> <b>146 HORIZON CT.</b> <b>LAKELAND, FL 33813</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>ELEAZER, THOMAS</b> <b>146 HORIZON CT.</b> <b>LAKELAND, FL 33813</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>02/21/06</b>	
Daytime Phone #		<b>(813) 370-4914</b>	