


FILED
Mar 24, 2008 8:00 am
Secretary of State

02-01-2008 90022 028 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N04000001788		
1. Entity Name MYRTLEWOOD HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 5337 N SOCRUM LP RD # 166 LAKELAND, FL 33809	Mailing Address 5337 N SOCRUM LP RD # 166 LAKELAND, FL 33809	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WHITMORE, DANIEL 6445 MYRTLEWOOD DR LAKELAND, FL 33810		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD MCDOWELL, LEVEXIER 2020 DEERBERRY LN LAKELAND, FL 33810	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD MITCHELL, DELOIS 2005 BUCKTHORN LN LAKELAND, FL 33810	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TSD PEOPLES, SARA 2008 DEERBERRY LN LAKELAND, FL 33810	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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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 817, 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: <u>Sergio McDowell</u>		03-19-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #