

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007365

FILED
Apr 14, 2008
Secretary of State

Entity Name: MARKHAM WOODS ENCLAVE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O REX CRANE
3359 HORSESHOE BEND COURT
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

C/O REX CRANE
3359 HORSESHOE BEND COURT
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 26-1180336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRANE, REX
3359 HORSESHOE BEND COURT
LONGWOOD, FL 32779 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: PD () Delete
Name: CRANE, REX
Address: 3359 HORSESHOE BEND COURT
City-St-Zip: LONGWOOD, FL 327793135

Title: VD () Delete
Name: BEAN, RICHARD
Address: 1483 STONE TRAIL
City-St-Zip: ENTERPRISE, FL 32725

Title: SD () Delete
Name: CRANE, KAREN
Address: 3359 HORSESHOE BEND COURT
City-St-Zip: LONGWOOD, FL 327793135

Title: TD () Delete
Name: BEAN, VIRGINIA
Address: 1483 STONE TRAIL
City-St-Zip: ENTERPRISE, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: REX D. CRANE

PD

04/14/2008

Electronic Signature of Signing Officer or Director

Date