FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13242 (5)

1. Corporation Name

MARKHAM GLEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1701 MARKHAM GLEN CIRCLE LONGWOOD FL 32779 US	1701 MARKHAM GLEN CIRCLE LONGWOOD FL 32779 US

3. Date Incorporated or Qualified: 01/30/1986
3a. Date of Last Report: 05/23/1995

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-3038278 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROBERTSON, RUBERT R
1762 MARKHAM GLEN CIRCLE
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name: ANDREA SpielMANN
82 Street Address (P.O. Box Number is Not Acceptable): 456 South Grant St
83:
84 City: Longwood FL 85 Zip Code: 32750

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ 29 April 96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTSON, RUBERT R.		1.2 NAME		
STREET ADDRESS	1762 MARKHAM GLEN CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, JOHN		2.2 NAME		
STREET ADDRESS	1698 MARKHAM GLEN CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SPIELMANN, ANDREA		3.2 NAME		
STREET ADDRESS	1750 MARKHAM GLEN CIR		3.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CRAGER, GERRY		4.2 NAME		
STREET ADDRESS	1706 MARKHAM GKEN CIRLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JOCHUM, JAMES		5.2 NAME		
STREET ADDRESS	1774 MARKHAM GLEN CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ARNON, HARRY		6.2 NAME		
STREET ADDRESS	1734 MARKHAM GLEN CIRCLE		6.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Treas 29 April 96 (407) 339-6160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #