

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13242

FILED
Apr 19, 2009
Secretary of State

Entity Name: MARKHAM GLEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1701 MARKHAM GLEN CIRCLE
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

1701 MARKHAM GLEN CIRCLE
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3038278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIELMANN, ANDREA G RA
456 S GRANT STREET
LONGWOOD, FL 32750 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: TD () Delete
Name: SPIELMANN, ANDREA
Address: 1750 MARKHAM GLEN CIR
City-St-Zip: LONGWOOD, FL 327792797

Title: PD () Delete
Name: UMBRIANO, LAURA
Address: 1794 MARKHAM GLEN CIR.
City-St-Zip: LONGWOOD, FL 32779

Title: SD () Delete
Name: CRAGAR, GERALD L
Address: 1706 MARKHAM GLEN CIR.
City-St-Zip: LONGWOOD, FL 32779

Title: CD () Delete
Name: FRENCH, LEWIS E
Address: 1738 MARKHAM GLEN CIR
City-St-Zip: LONGWOOD, FL 32779

Title: VPD () Delete
Name: ARNON, KAREN
Address: 1734 MARKHAM GLEN CIR
City-St-Zip: LONGWOOD, FL 32779

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: UMBRIANO, LAURA
Address: 1794 MARKHAM GLEN CIR.
City-St-Zip: LONGWOOD, FL 32779

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

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

Title: PD (X) Change () Addition
Name: ARNON, KAREN
Address: 1734 MARKHAM GLEN CIR
City-St-Zip: LONGWOOD, FL 32779

Title: VP () Change (X) Addition
Name: FITZGERALD, DAVID
Address: 1719 MARKHAM GLEN CIR
City-St-Zip: LONGWOOD, FL 32779

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: ANDREA SPIELMANN

TD

04/19/2009

Electronic Signature of Signing Officer or Director

Date