

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22724

FILED
Apr 30, 2007
Secretary of State

Entity Name: MARGAREE GARDENS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 121161
CLERMONT, FL 34712

New Principal Place of Business:

1914 BRANTLEY CIRCLE
CLERMONT, FL 34711

Current Mailing Address:

P. O. BOX 121161
CLERMONT, FL 34712 US

New Mailing Address:

FEI Number: 59-2730937 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GRAFF, CATHLIN
1944 BRANTLEY CIRCLE
CLERMONT, FL 34711 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: P () Delete
Name: RODDAM, LESLEY
Address: 1914 BRANTLEY CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: S () Delete
Name: SELF, PAUL
Address: 1992 BRANTLEY CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: VP () Delete
Name: KUREEN, JENNIFER
Address: 1978 BRANTLEY CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: TIDWELL, ELLEN
Address: 1969 BRANTLEY CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: INSALARO, GENA
Address: 1920 BRANTLEY CIR
City-St-Zip: CLERMONT, FL 34711

Title: T () Delete
Name: GRAFF, CATHLIN
Address: 1944 BRANTLEY CIRCLE
City-St-Zip: CLERMONT, FL 34711

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
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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: CATHLIN E. GRAFF

TREA

04/30/2007

Electronic Signature of Signing Officer or Director

Date