

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32551

FILED
Apr 25, 2006
Secretary of State

Entity Name: MARKHAM MEADOWS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1709 IVERNESS CT
LONGWOOD, FL 32779 US

New Principal Place of Business:

882 JACKSON AVENUE
WINTER PARK, FL 32789 US

Current Mailing Address:

P. O. BOX 520114
LONGWOOD, FL 327520114 US

New Mailing Address:

882 JACKSON AVENUE
WINTER PARK, FL 32789 US

FEI Number: 59-2950469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARD N. GILBERT
1709 IVERNESS CT
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

SPECIALTY MANAGEMENT
882 JACKSON AVENUE
WINTER PARK, FL 32789 US

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: SPECIALTY MANAGEMENT

04/25/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GILBERT, EDWARD N
Address: 1709 IVERNESS COURT
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: CANAL, JOHN
Address: 1075 EDMISTON PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: T () Delete
Name: BITTMAN, GAIL
Address: 1706 SHANDWICK COURT
City-St-Zip: LONGWOOD, FL 32779

Title: VP () Delete
Name: RINKER, DAVID
Address: 1032 EDMOSTON PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: AVELLONE, STEVE
Address: 1026 EDMISTON PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: S () Delete
Name: MALDONADO, JO
Address: 1702 IVERNESS COURT
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HEBBAR, KAJA
Address: 1043 EDMISTON PL
City-St-Zip: LONGWOOD, FL 32779

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

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

Title: D (X) Change () Addition
Name: RINKER, DAVID
Address: 1032 EDMOSTON PLACE
City-St-Zip: LONGWOOD, FL 32779

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 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: KAJA HEBBAR

PD

04/25/2006

Electronic Signature of Signing Officer or Director

Date