# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 24, 2008**
**Secretary of State**

DOCUMENT# N32551

**Entity Name:** MARKHAM MEADOWS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

882 JACKSON AVENUE
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

882 JACKSON AVENUE
WINTER PARK, FL 32789 US

**New Mailing Address:**

**FEI Number: 59-2950469** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPECIALTY MANAGEMENT
882 JACKSON AVENUE
WINTER PARK, FL 32789 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: LEHMAN, VIVIAN
Address: 1718 IVERNESS CT.
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete
Name: HURT, WILLIAM
Address: 1038 EDMINSTON PL.
City-St-Zip: LONGWOOD, FL 32779

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

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

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

Title: S ( ) Delete
Name: ULERICH, NANCY
Address: 1708 IVERNESS CT.
City-St-Zip: LONGWOOD, FL 32779

**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:

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: VIVIAN LEHMAN PD 04/24/2008

Electronic Signature of Signing Officer or Director — Date