2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2016
Secretary of State
CC0212970047

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Entity Name: MARKHAM OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1731 CEDAR STONE CT
LAKE MARY, FL 32746

Current Mailing Address:

860 NORTH S.R. 434
SUITE 1009
ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-3668647

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAMPBELL, MARILYN
860 NORTH S.R. 434
SUITE 1009
ALTAMONTE SPRINGS, FL 32714 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	COFFIELD, GLEN E
Address	860 NORTH S.R. 434 SUITE 1009
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	S
Name	STOCKMAN, PAMELA
Address	860 NORTH S.R. 434 SUITE 1009
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	D
Name	THORPE, KRISTOPHER
Address	860 NORTH S.R. 434 SUITE 1009
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	VP
Name	GERMANA, DAVID
Address	860 NORTH S.R. 434 SUITE 1009
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	MGR
Name	RUSSELL, MIRIAM A
Address	860 NORTH S.R. 434, SUITE 1009
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	T
Name	SHURLEY, WILLIAM C
Address	860 NORTH S.R. 434 SUITE 1009
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

I hereby 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 all other like empowered.

SIGNATURE: MIRIAM RUSSELL MANAGER 03/30/2016

Electronic Signature of Signing Officer/Director Detail — Date