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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **751647** **(9)**

1. Corporation Name
MAYO CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
112 S 7TH ST. P O BOX 866 FLGER BCH. FL 32036	112 S 7TH ST. P O BOX 866 FLGER BCH. FL 32136-0866

3. Date Incorporated or Qualified: **03/20/1980**
3a. Date of Last Report: **04/12/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-2347876** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

BOHEIM, JUNE L
1400 LAMBERT AVE
FLGLER BCH FL 32136

10. Name and Address of New Registered Agent

81 Name: ANTOINETTE ANDERSON
82 Street Address (P.O. Box Number is Not Acceptable)
83: 623 Cumberland Dr.
84 City: FLAGLER BEACH FL 85 Zip Code: 32136

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Antoinette R Anderson, Secty/Treasurer ANTOINETTE R. ANDERSON 2/10/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ANDERSON, ANTOINETTE		1.2 NAME	CAROLE L. STEWART	
STREET ADDRESS	623 CUMBERLAND DRIVE		1.3 STREET ADDRESS	4820 ARROWHEAD DR.	
CITY-ST-ZIP	FLGER BEACH FL		1.4 CITY-ST-ZIP	KETTERING, OH 45440	
TITLE	PD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	FIELD, PAMELA L.		2.2 NAME	TRUDY O'NEILL "NA"	
STREET ADDRESS	1600 N. OAK ST. #126		2.3 STREET ADDRESS	PO BOX 454	
CITY-ST-ZIP	ARLINGTON VA		2.4 CITY-ST-ZIP	FLAGLER BEACH, FL 32136	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STRICKLAND, BETTY J.		3.2 NAME		
STREET ADDRESS	BOX 687, NA		3.3 STREET ADDRESS		
CITY-ST-ZIP	BUNNELL FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Antoinette R Anderson ANTOINETTE R. ANDERSON SECTY/TREASURER 2/10/97 904-439-3951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

000287Z