2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 751647

1. Entity Name
MAYO CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
112 S 7TH ST. FLAGER BCH., FL 32036	112 SO. 7TH ST. FLAGLER BEACH, FL 32136

DO NOT WRITE IN THIS SPACE

01252006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2347876

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, ANTOINETTE
623 CUMBERLAND DR
FLAGLER BEACH, FL 32136

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	ANDERSON, ANTOINETTE
STREET ADDRESS	623 CUMBERLAND DR.
CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	PD
NAME	TANNER, MARSHA
STREET ADDRESS	PO BOX 1628
CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	VD
NAME	FIELD, PAMELA
STREET ADDRESS	3908-14 ST NORTH
CITY-ST-ZIP	ARLINGTON, VA 22201
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/09/06-80026-009 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Antoinette Anderson (STD) Antoinette Anderson 1/25/06 386-439-3951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #