FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:46

DOCUMENT # N05779 (6)

1. Corporation Name
MAYFAIR MEADOWS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 950455~~ ~~LAKE MARY FL 32795-7455~~	P.O. BOX 950455 LAKE MARY FL 32795-7455

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/22/1984
3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-2512931 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 165 West S.R. 434
22 Suite, Apt. #, etc.
23 City & State: Winter Springs, FL
24 Zip: 32708 25 Country: USA

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

9. Name and Address of Current Registered Agent

~~RUSSELL, ANNE HENDERSON~~
165 WEST STATE ROAD 434
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name: Energy Property MANAGEMENT Services, Inc
82 Street Address (P.O. Box Numbers Not Acceptable): 165 West S.R. 434
83
84 City: Winter Springs 85 FL Zip Code: 32708

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Anne H Russell ANNE H. RUSSELL President, Energy Property MGMT Serv. Inc 1/25/95
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	DV	1.1 TITLE	D	☒ Change ☐ Addition
NAME	ARVAI, CINDY	1.2 NAME		
STREET ADDRESS	113 NEWPORT SQUARE	1.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL	1.4 CITY-ST-ZIP		
TITLE	DP	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHRADER, WILLIAM	2.2 NAME		
STREET ADDRESS	114 LAMPLIGHTER DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	DV	☒ Change ☐ Addition
NAME	STANFORD, DON	3.2 NAME		
STREET ADDRESS	110 LAMPLIGHTER DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL	3.4 CITY-ST-ZIP		
TITLE	SDT	4.1 TITLE		☐ Change ☐ Addition
NAME	BRADY, JIM	4.2 NAME		
STREET ADDRESS	113 WINTERGLEN DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	MCTEER, DONNA	5.2 NAME		
STREET ADDRESS	117 DRESDAN COURT	5.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: ✓ W. R. Schrader 1/25/95 407-327-5824
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #
W. R. Schrader, Pres.

0003773