

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLOUIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N05779 (6)**

1. Corporation Name

MAYFAIR MEADOWS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

165 WEST S. R. 434
WINTER SPRINGS FL 32708
US

P.O. BOX 950455
LAKE MARY FL 32795-7455

3. Date Incorporated or Qualified **10/22/1984** 3a. Date of Last Report **02/03/1995**

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number **59-2512931**

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution **NO** **-\$5.00 May Be Added to Fees**

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENERGY PROPERTY MANAGEMENT SERVICES
165 WEST S. R. 434
WINTER SPRINGS FL 32708

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

Anne H. Russell
Signature of registered agent (if registered agent is not the president)

President, Energy Prop. Mgmt. Serv.
Signature of registered agent (if registered agent is the president)

3/8/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ARVAI, CINDY	
STREET ADDRESS	113 NEWPORT SQUARE	
CITY-ST-ZIP	SANFORD FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SCHRADER, WILLIAM	
STREET ADDRESS	114 LAMPLIGHTER DR	
CITY-ST-ZIP	SANFORD FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	STANFORD, DON	
STREET ADDRESS	110 LAMPLIGHTER DR.	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	SDT	<input type="checkbox"/> DELETE
NAME	BRADY, JIM	
STREET ADDRESS	113 WINTERGLEN DR	
CITY-ST-ZIP	SANFORD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCTEER, DONNA	
STREET ADDRESS	117 DRESDAN COURT	
CITY-ST-ZIP	SANFORD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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:

Jim Brady
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/96
Date

4073275824
Daytime Phone #

CR2E037 (12/95)