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Feb 03 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 # 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 32795-0455

3. Date Incorporated or Qualified  
10/22/1984

3a. Date of Last Report  
03/15/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-2512931

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

24 25

29 30

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 a family member, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*W Russell* President, Energy Prop. Mgmt Services, Inc

1/29/97

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: DP  
NAME: SCHRADER, WILLIAM  
STREET ADDRESS: 114 LAMPLIGHTER DR  
CITY-ST-ZIP: SANFORD FL  
 DELETE

11 TITLE:  Change  Addition  
12 NAME:  
13 STREET ADDRESS:  
14 CITY-ST-ZIP:

TITLE: DV  
NAME: STANFORD, DON  
STREET ADDRESS: 110 LAMPLIGHTER DR.  
LAKE MARY FL  
 DELETE

21 TITLE:  Change  Addition  
22 NAME:  
23 STREET ADDRESS:  
24 CITY-ST-ZIP:

TITLE: SDT  
NAME: BRADY, JIM  
STREET ADDRESS: 113 WINTERGLEN DR  
CITY-ST-ZIP: SANFORD FL  
 DELETE

3.1 TITLE: DP  Change  Addition  
3.2 NAME:  
3.3 STREET ADDRESS:  
3.4 CITY-ST-ZIP:

TITLE: D  
NAME: MCTEER, DONNA  
STREET ADDRESS: 117 DRESDAN COURT  
SANFORD FL  
 DELETE

4.1 TITLE:  Change  Addition  
4.2 NAME:  
4.3 STREET ADDRESS:  
4.4 CITY-ST-ZIP:

TITLE:  DELETE

5.1 TITLE: D  
5.2 NAME: Nelson, MARCI  
5.3 STREET ADDRESS: 109 Candlewick Ct  
5.4 CITY-ST-ZIP: SANFORD, FL 32771  
 Change  Addition

TITLE:  DELETE

6.1 TITLE: STD  
6.2 NAME: Hills, Terry  
6.3 STREET ADDRESS: 115 Winterglen Dr  
6.4 CITY-ST-ZIP: SANFORD, FL 32771  
 Change  Addition

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:

*W Russell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone # 0015611

CR2E037 (9/96)