

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N05779** (6)  
1. Corporation Name  
**MAYFAIR MEADOWS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**165 WEST S. R. 434**      **P.O. BOX 950455**  
**WINTER SPRINGS FL 32708**      **LAKE MARY FL 32795-7455**  
**US**

3. Date Incorporated or Qualified  
**10/22/1984**

4. FEI Number      Applied For  
**59-2512931**      ☐ Not Applicable

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

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

7. Is this nonprofit corporation a homeowners association?  
☒ Yes      ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.      ☒ Yes      ☐ No

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>NELSON, MARCI</b>	
STREET ADDRESS	<b>109 CANDLEWICK CT.</b>	
CITY-ST-ZIP	<b>SANFORD FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>STANFORD, DON</b>	
STREET ADDRESS	<b>110 LAMPLIGHTER DR.</b>	
CITY-ST-ZIP	<b>LAKE MARY FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>BRADY, JIM</b>	
STREET ADDRESS	<b>113 WINTERGLEN DR</b>	
CITY-ST-ZIP	<b>SANFORD FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MCTEER, DONNA</b>	
STREET ADDRESS	<b>117 DRESDAN COURT</b>	
CITY-ST-ZIP	<b>SANFORD FL</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HILLS, TERRY</b>	
STREET ADDRESS	<b>115 WINTERGLEN DR.</b>	
CITY-ST-ZIP	<b>SANFORD FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Addition
5.2 NAME	<b>DST</b>
5.3 STREET ADDRESS	<b>Christine Blanton</b>
5.4 CITY-ST-ZIP	<b>110 meadow Blvd</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>SANFORD, FL 32771</b>
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:  **Tim Brady**      3/4/98      4073275824

CR2E037 (10/97)