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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N05779

1. Corporation Name  
MAYFAIR MEADOWS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business  
165 WEST S. R. 434  
WINTER SPRINGS FL 32708  
US

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



2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25) 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30) 3. Date Incorporated or Qualified 10/22/1984 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

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 EPM Services Inc.  
82 Street Address (P.O. Box Number is Not Acceptable) 165 West State Road 434  
83  
84 City Winter Springs FL 85 Zip Code 32708

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 President EPM Services Inc. 3/3/99  
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	D	DELETE
NAME	NELSON, MARCI	
STREET ADDRESS	109 CANDLEWICK CT.	
CITY-ST-ZIP	SANFORD FL	
TITLE	DV	DELETE
NAME	STANFORD, DON	
STREET ADDRESS	110 LAMPLIGHTER DR.	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	DP	DELETE
NAME	BRADY, JIM	
STREET ADDRESS	113 WINTERGLEN DR	
CITY-ST-ZIP	SANFORD FL	
TITLE	D	DELETE
NAME	MCTEER, DONNA	
STREET ADDRESS	117 DRESDAN COURT	
CITY-ST-ZIP	SANFORD FL	
TITLE	DST	DELETE
NAME	BLANTON, CHRISTINE	
STREET ADDRESS	110 MEADOW BLVD	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	Change	Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	D	Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	D	Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	DV	Change	Addition
4.2 NAME	Schuiteman, Donna M.		
4.3 STREET ADDRESS	117 Dresden Ct		
4.4 CITY-ST-ZIP	SANFORD		
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
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, with all other like empowered.

SIGNATURE: James Brady 3/3/99 407.327.5824  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)