

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90040 009 ****61.25

DOCUMENT # N05779

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2512931

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

E P M SERVICE INC
165 WEST S. R. 434
WINTER SPRINGS FL 32708

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *Anne H Russell* **Anne H Russell Pres EPM Serv 3/20/00**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **DP** Delete
 NAME: **NELSON, MARCI**
 STREET ADDRESS: **109 CANDLEWICK CT.**
 CITY-ST-ZIP: **SANFORD FL**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **D** Delete
 NAME: **STANFORD, DON**
 STREET ADDRESS: **110 LAMPLIGHTER DR.**
 CITY-ST-ZIP: **LAKE MARY FL**

TITLE: **TD** Change Addition
 NAME: **Baldwin, Geoff**
 STREET ADDRESS: **107 Candlewick Court**
 CITY-ST-ZIP: **Sanford, FL 32771**

TITLE: **D** Delete
 NAME: **BRADY, JIM**
 STREET ADDRESS: **113 WINTERGLEN DR**
 CITY-ST-ZIP: **SANFORD FL**

TITLE: **VPD** Change Addition
 NAME: **Brady, Jim**
 STREET ADDRESS: **113 Winterglen Drive**
 CITY-ST-ZIP: **Sanford, FL 32771**

TITLE: **DV** Delete
 NAME: **SCHUITEMAN, DONNA MC**
 STREET ADDRESS: **117 DESCHAN CT**
 CITY-ST-ZIP: **SANFORD FL**

TITLE: **SD** Change Addition
 NAME: **Schuiteman, Jim**
 STREET ADDRESS: **117 Dresden Court**
 CITY-ST-ZIP: **Sanford, FL 32771**

TITLE: **DST** Delete
 NAME: **BLANTON, CHRISTINE**
 STREET ADDRESS: **110 MEADOW BLVD**
 CITY-ST-ZIP: **SANFORD FL 32771**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marci Nelson* **Marci Nelson** **3/22/2000** **407-327-5824**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)