

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90073 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 32795-7455

2. Principal Place of Business

3. Mailing Address

P.O. Box 915322

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Longwood, FL

4. FEI Number

59-2512931

Applied For

Not Applicable

Zip

Country

Zip

Country

32791

US

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
National Association-Management Company
 Street Address (P.O. Box Number is Not Acceptable)

165 W. State Road 434
 City
Winter Springs **FL** Zip Code
32708

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

Marc A. Blum, President

3/1/2002

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE 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 NAME STREET ADDRESS CITY-ST-ZIP	DP NELSON, MARCY 109 CANDLEWICK CT. SANFORD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BALDWIN, GEOFF 107 CANDLEWICK COURT SANFORD FL 32771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRADY, JIM 113 WINTERGLEN DR SANFORD FL 32771	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHUITEMAN, JIM 117 DRESBAN COURT SANFORD FL 32771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, CALVIN 108 CANDLEWICK COURT SANFORD FL 32771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Nelson, marcy 109 Candlewick Court Sanford, FL 32771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Baldwin, Geoff 107 Candlewick Ct Sanford, FL 32771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Lewis, Calvin 108 Candlewick Ct. Sanford, FL 32771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Geoff Baldwin

Date

Daytime Phone #

2/27/02 **(407) 444-8158**

CR2E037 (9/01)