


2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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| DOCUMENT # N05779 1. Entity Name MAYFAIR MEADOWS HOMEOWNERS ASSOCIATION, INC. |  |
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| Principal Place of Business 225 S WESTMONTE DRIVE SUITE 3310 ALTAMONTE SPRINGS, FL 32714 US | Mailing Address P.O. BOX 162147 ALTAMONTE SPRINGS, FL 32716-2147 US |
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| 2. Principal Place of Business 206 Elm Ave Suite, Apt. #, etc. SANFORD | 3. Mailing Address P.O. Box 1596 Suite, Apt. #, etc. |
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|---|---------------------------------------|---------------|----------------|
| City & State | City & State | 4. FEI Number | Applied For |
| 32771 US | SANFORD, FL 3 | 59-2512931 | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | | |

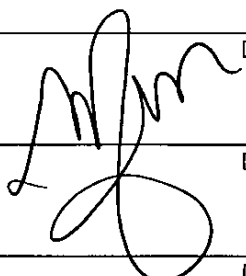

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| 6. Name and Address of Current Registered Agent WOMACK, ELLEN R 225 S. WESTMONTE DRIVE SUITE 3310 ALTAMONTE SPRINGS, FL 32714 | 7. Name and Address of New Registered Agent Name Premier Property Mgmt of Ct/Fl Street Address (P.O. Box Number is Not Acceptable) 206 Elm Ave City SANFORD FL Zip Code 32771 |
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Denia N. Halbrook* *GINA N. HALBROOK* *7/20/05*

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

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|------------------------------|--|------------------------------------|---|
| Amended AR is \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|------------------------------|--|------------------------------------|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|---|---|---|
| TITLE | DT | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NELSON, MARCY <input type="checkbox"/> Delete | NAME | 08/22/05--01065--032 **\$61.25 |
| STREET ADDRESS | 109 CANDLEWICK CT. | STREET ADDRESS | |
| CITY-ST-ZIP | SANFORD, FL 32771 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLACKMORE, MICHAEL | NAME | 8/3 |
| STREET ADDRESS | 142 MEADOW BLVD. | STREET ADDRESS | |
| CITY-ST-ZIP | SANFORD, FL 32771 | CITY-ST-ZIP | |
| TITLE | DS <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PINTOK, JASON | NAME |  |
| STREET ADDRESS | 139 MEADOW BLVD. | STREET ADDRESS | |
| CITY-ST-ZIP | SANFORD, FL 32771 | CITY-ST-ZIP | |
| TITLE | DP <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMSON, JOAN | NAME |  |
| STREET ADDRESS | 130 MEADOW BOULEVARD | STREET ADDRESS | |
| CITY-ST-ZIP | SANFORD, FL 32771 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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: *Joan M. Kelly - Williamson* *7/20/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

05 JUL 26 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06032005 Chg-NP CR2E037 (10/03)