


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90089 050 ****61.25

DOCUMENT # N05779					
1. Entity Name MAYFAIR MEADOWS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 206 ELM AVE. SANFORD, FL 32771 US			Mailing Address P.O. BOX 1596 SANFORD, FL 32771 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2512931	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PREMIER PROPERTY MANAGEMENT OF CENTRAL FL 206 ELM AVE. SANFORD, FL 32771			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>[Signature]</i>				DATE 3/12/07	
Filing Fee is \$61.25 Due by May 1, 2007		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	P/D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, MARCY		NAME	KATHRYN JENSON	
STREET ADDRESS	109 CANDLEWICK CT.		STREET ADDRESS	112 NEWPORT SQUARE	
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP	SANFORD, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKMORE, MICHAEL		NAME	COLLEEN WITTICK	
STREET ADDRESS	142 MEADOW BLVD.		STREET ADDRESS	112 MEADOW BLVD.	
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	VP/D	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINTOK, JASON		NAME	JASON PINTOK	
STREET ADDRESS	139 MEADOW BLVD.		STREET ADDRESS	139 MEADOW BLVD.	
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	DP	<input checked="" 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	S/D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARROYO, RICHARD		NAME	RICHARD ARROYO	
STREET ADDRESS	122 C AND LEUREK CT		STREET ADDRESS	122 CANDLEWICK CT	
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	T/D	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDWIN, GEOFFREY		NAME	GEOFFREY BALDWIN	
STREET ADDRESS	107 CANDLEWICK CT		STREET ADDRESS	107 CANDLEWICK COURT	
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP	SANFORD, FL 32771	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i>				DATE 3/12/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	