

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 16, 2009
Secretary of State**

DOCUMENT# N05779

Entity Name: MAYFAIR MEADOWS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1350 ORANGE AVE. #100
WINTER PARK, FL 327894932

New Principal Place of Business:

385 DOUGLAS AVE
3000
ALTAMONT SPRINGS, FL 32714

Current Mailing Address:

1350 ORANGE AVE. #100
WINTER PARK, FL 327894932

New Mailing Address:

385 DOUGLAS AVE
3000
ALTAMONT SPRINGS, FL 32714

FEI Number: 59-2512931 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL
1501 NORTHWEST 49TH ST.
SUITE 202
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JENSON, KATHRYN
Address: 112 NEWPORT SQUARE
City-St-Zip: SANFORD, FL 32771

Title: TD () Delete
Name: WITTICK, COLLEEN
Address: 112 MEADOW BLVD.
City-St-Zip: SANFORD, FL 32771

Title: SD () Delete
Name: PINTOK, JASON
Address: 139 MEADOW BLVD.
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: ARROYO, RICHARD
Address: 122 C AND LEUREK CT
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN JENSEN

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date