

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N44091 (9)**  
 1. Corporation Name  
**MAYFAIR OAKS HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>2061 WEMBLEY PLACE OVIEDO FL 32765 US</b>	Mailing Address <b>2061 WEMBLEY PLACE OVIEDO FL 32765 US</b>
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3. Date Incorporated or Qualified <b>06/27/1991</b>	3a. Date of Last Report <b>06/12/1995</b>
4. FEI Number <b>59-3071123</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>404 HARLEY CT</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>404 HARLEY CT</b> Suite, Apt. #, etc.
22 City & State 23 <b>OVIEDO FL</b>	27 City & State 28 <b>OVIEDO, FL</b>
24 Zip <b>32765</b> Country <b>SEMINOLE</b>	29 Zip <b>32765</b> Country <b>SEMINOLE</b>

9. Name and Address of Current Registered Agent <b>BAGWELL, BRENDA 2061 WEMBLEY PLACE OVIEDO FL 32765</b>	10. Name and Address of New Registered Agent 81 Name <b>JEFFREY CLARK</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>412 HARLEY CT</b> 83 84 City <b>OVIEDO</b> FL 85 Zip Code <b>32765</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Jeffrey Clark* **JEFFREY CLARK** DATE **2/8/96**  
(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BAGWELL, BRENDA 2061 WEMBLEY PLACE OVEIDO FL</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PD GEOFFREY JONES 416 HARLEY COURT OVIEDO, FL 32765</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD VENABLE, JAMES 2089 WEMBLEY PLACE OVIEDO FL</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>TD TOM DECOT 404 HARLEY COURT OVIEDO, FL 32765</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD LINDERMAN, KARL 406 SEYMOUR CIRCLE OVIEDO FL</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>SD JEFFREY CLARK 412 HARLEY COURT OVIEDO, FL 32765</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Geoffrey A. Jones* **2/8/96** **407-646-3232**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)