

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------

DOCUMENT #
 1. Corporation Name
N44091

Mayfair Oaks Homeowners Association, Inc.

Principal Place of Business	Mailing Address
Mayfair Oaks, Oviedo, Florida	2049 Wembley Place Oviedo, FL 32765

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 6-27-1991	3a. Date of Last Report
4. File Number 51-3071123	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	

9. Name and Address of Current Registered Agent

Andrew L. Reiff, P.A.
 P.O. Box 1059
 Orlando, FL 32802-1059

10. Name and Address of New Registered Agent

81 Name <i>Andrew L. Reiff</i>
82 Street Address (P.O. Box Number is Not Acceptable) 2049 135 West Central Blvd Suite 720
83
84 City <i>Orlando</i>
85 Zip Code <i>FL 32801</i>

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 *Andrew L. Reiff* **4/21/97**
Signature typed or printed name of registered agent (file if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD	NAME President	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	NAME Geoffrey Jones	
CITY-ST-ZIP	STREET ADDRESS 416 Harley Ct. Oviedo, FL 32765	
TITLE TD	NAME Treasurer Vice-Pres.	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	NAME Tom Decot	
CITY-ST-ZIP	STREET ADDRESS 404 Harley Ct. Oviedo, FL	
TITLE SD	NAME Secretary	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	NAME Jeff Clark	
CITY-ST-ZIP	STREET ADDRESS 412 Harley Ct. Oviedo, FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME President	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE D V-S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Secretary/Vice-President	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Treasurer	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

400002215504
 --06/18/97--01030--023
 ***\$61.25

eS
 6117197

14. I do 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 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: *Peter Kovarik* **Peter Kovarik** **4-19-1997** **(407) 977-0650**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)