

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 2049 WEMBLEY PLACE OVIEDO FL 32765 US	Mailing Address 2049 WEMBLEY PLACE OVIEDO FL 32765 US
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3. Date Incorporated or Qualified 06/27/1991	
4. FEI Number 59-3071123	Applied For <input type="checkbox"/> 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	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2077 Wembley Place Suite, Apt. #, etc 22 23 Oviedo, FL City & State 24 32765 Zip 25 US Country	2a. Mailing Address 26 2077 Wembley Place Suite, Apt. #, etc 27 28 Oviedo, FL City & State 29 32765 Zip 30 US Country
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9. Name and Address of Current Registered Agent
**REIFF, ANDREA L
135 WEST CENTRAL BLVD SUTE 270
ORLANDO FL 32801**

10. Name and Address of New Registered Agent
81 Name **Reiff, Andrew L.**
82 Street Address (P.O. Box Number Is Not Acceptable)
135 West Central Blvd, suite 270
83
84 City **Orlando** FL 85 Zip Code **32801**

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 ** note the above person is the same with a correction in spelling (Andrea -> Andrew)*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KOVARIK, PETER	
STREET ADDRESS	2049 WEMBLEY PL	
CITY-ST-ZIP	OVEIDO FL 32765	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SESSIONS, KATHY	
STREET ADDRESS	2057 WEMBLEY PL	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	SDT	<input type="checkbox"/> DELETE
NAME	DECOT, DEBBIE	
STREET ADDRESS	404 HARLEY CT	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Metcalfe, L. Edwin	
1.3 STREET ADDRESS	2077 Wembley PL	
1.4 CITY-ST-ZIP	Oviedo, FL 32765	
2.1 TITLE	V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	James C. Venable	
2.3 STREET ADDRESS	2084 Wembley PL	
2.4 CITY-ST-ZIP	Oviedo, FL 32765	
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Luntz, Jody	
3.3 STREET ADDRESS	2052 Wembley PL	
3.4 CITY-ST-ZIP	Oviedo, FL 32765	
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		

14. 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 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: *Jody L. Luntz* **Jody L. Luntz** 3-16-98 407-366-1169

CR2E037 (10/97)