


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90165 044 ****61.25

0014556

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N44091

1. Corporation Name
MAYFAIR OAKS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 2077 WEMBLEY PL OVIEDO FL 32765 US	Mailing Address 2077 WEMBLEY PL OVIEDO FL 32765 US
---	---



2. Principal Place of Business 21 415 Seymoure Court Suite, Apt. #, etc. 22 City & State 23 Oviedo, FL Zip Country 24 32765 25 USA	2a. Mailing Address 26 415 Seymoure Court Suite, Apt. #, etc. 27 City & State 28 Oviedo, FL Zip Country 29 32765 30 USA	3. Date Incorporated or Qualified 06/27/1991	4. FEI Number 59-3071123 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
---	--	--	---	---	--

9. Name and Address of Current Registered Agent

REIFF, ANDREW L.
135 WEST CENTRAL BLVD SUTE 270
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	METCALF, L. EDWIN
STREET ADDRESS	2077 WEMBLEY PL
CITY-ST-ZIP	OVEIDO FL 32765
TITLE	VTD <input type="checkbox"/> DELETE
NAME	VENABLE, JAMES C.
STREET ADDRESS	2089 WEMBLEY PL
CITY-ST-ZIP	OVIEDO FL 32765
TITLE	SD <input type="checkbox"/> DELETE
NAME	LUNTZ, JODY
STREET ADDRESS	2052 WEMBLEY PL
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Don Barber
1.3 STREET ADDRESS	415 Seymoure Court
1.4 CITY-ST-ZIP	Oviedo, FL 32765
2.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Barbara Cregan
2.3 STREET ADDRESS	2049 Wembley Place
2.4 CITY-ST-ZIP	Oviedo, FL 32765
3.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kathy Sessions
3.3 STREET ADDRESS	2057 Wembley Place
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, with all other like empowered.

SIGNATURE: Kathy Sessions 2-2-99 (407) 359-7488
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)