

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44091

FILED
Feb 06, 2009
Secretary of State

Entity Name: MAYFAIR OAKS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

405 HARLEY CT.
OVIDO, FL 32765 US

New Principal Place of Business:

412 HARLEY CT.
OVIDO, FL 32765 US

Current Mailing Address:

405 HARLEY CT.
OVIDO, FL 32765 US

New Mailing Address:

412 HARLEY CT
OVIDO, FL 32765 US

FEI Number: 59-3071123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REIFF, ANDREW L.
135 WEST CENTRAL BLVD SUTE 730
ORLANDO, FL 32801 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: DP () Delete
Name: WHORTON, KELLY
Address: 413 HARLEY CT.
City-St-Zip: OVIDO, FL 32765 US

Title: DT () Delete
Name: CORTES, HENRY
Address: 405 HARLEY CT.
City-St-Zip: OVIDO, FL 32765 US

Title: SD () Delete
Name: CLARK, JEFF
Address: 412 HARLEY CT.
City-St-Zip: OVIDO, FL 32765 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WHORTON, KELLI
Address: 413 HARLEY CT
City-St-Zip: OVIDO, FL 32765 US

Title: DT (X) Change () Addition
Name: CLARK, JEFFREY R
Address: 412 HARLEY CT
City-St-Zip: OVIDO, FL 32765 US

Title: DS (X) Change () Addition
Name: DIDOMENICO, DANIEL
Address: 417 HARLEY CT
City-St-Zip: OVIDO, FL 32765 US

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: JEFFREY CLARK

DT

02/06/2009

Electronic Signature of Signing Officer or Director

Date