

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 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 # **N96000001206 (9)**

1. Corporation Name

MAYFAIR OAKS OF SEMINOLE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1916 BOOTHE CIRCLE
LONGWOOD FL 32750**

**1916 BOOTHE CIRCLE
LONGWOOD FL 32750-6774**



3. Date Incorporated or Qualified
03/01/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KNIGHT, MIMI
1916 BOOTHE CIRCLE
LONGWOOD FL 32750**

81 Name

Jon ZABEL

82 Street Address (P.O. Box Number is Not Acceptable)

1916 BOOTHE CIRCLE

83

84 City

Longwood

FL

85 Zip Code

32750

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

Jon Zabel

5/1/97

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	VD	<input type="checkbox"/> DELETE
NAME	TYLE, ARTHUR	
STREET ADDRESS	1916 BOOTHE CIRCLE	
CITY - ST - ZIP	LONGWOOD FL 32750	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ABERNATHY, JIM	
STREET ADDRESS	1916 BOOTHE CIRCLE	
CITY - ST - ZIP	LONGWOOD FL 32750	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KNIGHT, MIMI	
STREET ADDRESS	1916 BOOTHE CIRCLE	
CITY - ST - ZIP	LONGWOOD FL 32750	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jon ZABEL	
3.3 STREET ADDRESS	1916 BOOTHE CIRCLE	
3.4 CITY - ST - ZIP	LONGWOOD, FL, 32750	
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 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: *Jon Zabel (Jon Zabel)*

5/1/97

407-831-3311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0014021

CR2E037 (9/96)