2000 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2000 8:00 am DOCUMENT # N9600001206 1. Entity Name Secretary of State MAYFAIR OAKS OF SEMINOLE HOMEOWNERS ASSOCIATION. 02-07-2000 90032 033 ****65.00 Mailing Address Principal Place of Business 1916 BOOTHE CIRCLE 1916 BOOTHE CIRCLE LONGWOOD FL 32750-6774 LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address <u>498 Palm springs Dr.#2</u>70 <u>498 Palm Springs Dr</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc <u> Altamonte Spgs.</u> <u>ltamonte Spgs.</u> City & State 4. FEI Number Applied For 59-3445723 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired 32701 32701 US Fee Required US 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name <u>James~W~*Boyle</u>∵ Street Address (P.O. Box Number is Not Acceptable) 498 Palm Springs Dr., #270 ZABEL, JON 1916 BOOTH CIRCLE LONGWOOD FL 32750 Zip Code 32701 <u> Altamonte Springs</u> 8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE --- 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. VD TITLE PD Change Addition TITLE Delete Boyer; Barbara NAME TYLE, ARTHUR NAME STREET ADDRESS STREET ADDRESS 138 London Fog Way 1916 BOOTHE CIRCLE CITY-ST-7IP CITY-ST-ZIP Sanford, FL 32771 LONGWOOD FL 32750 ☐ Change Addition TITLE STD X Delete TITLE VD NAME NAME WILSON, ROBIN C O'Halek 🔠 Beveryl STREET ADDRESS STREET ADDRESS 1916 BOOTHE CIRCLE 121 Queens Ct. 3 CITY-ST-ZIP CITY-ST-7iP LONGWOOD FL 32750 Sanford, FL 32771 ☐ Delete TITLE Change ☐ Addition TITLE NAME Zabel. Jon NAME Zabel, Jon STREET ADDRESS STREET ADDRESS 1916 BOOTH CIRCLE 1916 Booth Circle CITY-ST-7IP CITY-ST-ZIP longwood fl Longwood, FL 32750 Addition TITLE ☐ Chance TITLE Delete NAME NAME Berrios, Frances STREET ADDRESS STREET ADDRESS 116 London Fog Way CITY-ST-ZIP CITY - ST-71P <u>Sanford, FL 32771</u> Change Addition TITLE Delete TITLE Braga, Jake NAME NAME STREET ADDRESS STREET ADDRESS 140 London@Fog@Way CITY-ST-ZIP CITY-ST-ZIP Sanford, FL 32771 TITLE ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BOYLEY 2 | 2000 407 - 788 - 830

12. 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 report or supplemental 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 10 or Block 11 if

changed, or on an attachment with an address, with all other like empowered.