

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90322 049 \*\*\*\*61.25

**DOCUMENT # N96000001206**

1. Entity Name

**MAYFAIR OAKS OF SEMINOLE HOMEOWNERS ASSOCIATION,**

Principal Place of Business

Mailing Address

**498 PALM SPRINGS DR. #270  
 ALTAMONTE SPRINGS FL 32701  
 US**

**498 PALM SPRINGS DR. #270  
 ALTAMONTE SPRINGS FL 32701  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3445723**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOYLE, JAMES W  
 498 PALM SPRINGS DR. #270  
 ALTAMONTE SPRINGS FL 32701**

Name

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

City

**FL**

Zip Code

8. 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  Delete  
 NAME **BOYER, BARBARA**  
 STREET ADDRESS **138 LONDON FOG WAY**  
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE VPD  Change  Addition  
 NAME **Mactye, Jean**  
 STREET ADDRESS **119 Queens Ct.**  
 CITY-ST-ZIP **Sanford, FL 32771**

TITLE VD  Delete  
 NAME **O'HALEK, BEVERLY**  
 STREET ADDRESS **121 QUEENS CT.**  
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE PD  Change  Addition  
 NAME **O'Halek, Beverly**  
 STREET ADDRESS **121 Queens Ct.**  
 CITY-ST-ZIP **Sanford, FL 32771**

TITLE T  Delete  
 NAME **ZABEL, JON**  
 STREET ADDRESS **1916 BOOTH CIRCLE**  
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE TD  Change  Addition  
 NAME **Kollar, Bob**  
 STREET ADDRESS **100 Queens Ct.**  
 CITY-ST-ZIP **Sanford, FL 32771**

TITLE TD  Delete  
 NAME **BERRIOS, FRANCES**  
 STREET ADDRESS **116 LONDON FOG WAY**  
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE SD  Change  Addition  
 NAME **Povilatis, Steve**  
 STREET ADDRESS **113 Prince Place**  
 CITY-ST-ZIP **Sanford, FL 32711**

TITLE SD  Delete  
 NAME **BRAGA, JAKE**  
 STREET ADDRESS **140 LONDON FOG WAY**  
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE D  Change  Addition  
 NAME **Rowland, Linda**  
 STREET ADDRESS **128 Queen Ct.**  
 CITY-ST-ZIP **Sanford, FL 32771**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I herby 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.

SIGNATURE: **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01  
 Date

321-5810  
 Daytime Phone #

CR2E037 (10/00)