2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mailing Address

DOCUMENT # N96000001206 ...

1. Entity Name

Principal Place of Business

MAYFAIR OAKS OF SEMINOLE HOMEOWNERS ASSOCIATION, INC.



498 PALM SPRINGS DR. #270	498 PALM SPRINGS DR. #270
ALTAMONTE SPRINGS FL 32701	ALTAMONTE SPRINGS FL 32701
US	US
2. Principal Place of Business	3. Mailing Address

FILED Feb 17, 2004 8:00 am Secretary of State

02-17-2004 90036 048 ****61.25

94015903

US		US		1	•	0.0	-			
2. Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E037 (11/03)					
City & State City & State			-		4. FEI Number	59-3445723			plied For Applicable	
Zip	Country	Zip	Country		5. Certificate of S	itatus Desired	□ \$8 Fee	3.75 Addi Required	tional I	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
				Name						
BOYLE, JAMES W				Characteristics (D.O. Characteristics)						
498	PALM SPRINGS DR. #270		Street	Street Address (P.O. Box Number is Not Acceptable)						
	AMONTE SPRINGS FL 3270)1								
							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. I am familiar with, and accept										
the obligations of registered agent.										
SIGNATURE -									—	
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signal	ture required	when reinstating)		DATE			
a de la companya de La companya de la co	TILE NOW: FEE IS \$61.25	9. Election Cam	paign Financing		\$5.00 May Be	Make	Check P	avable 1	0.00	
To be distributed by the second se	Due By May 1, 2004	Trust Fund Co	. •		Added to Fees		Departm			
 Supplied to the supplied of the supplied to the s	de de la companya de La companya de la co	7/84 a 13					12. MO.	THE STATE OF THE S		
10.	OFFICERS AND DIF	ECTORS	11.	ΑΑ	DDITIONS/CHANG	ES TO OFFICERS	AND DIREC	TORS IN	10	
TITLE	VPD	☐ Delete	TITLE] Change	☐ Addition	
	WESTRATE, KYLE		NAME	1					ļ	
STREET ADDRESS	107 PRINCE PL.		STREET ADDRESS	1						
CITY-ST-ZIP	SANFORD FL 32771		CITY-ST-ZIP							
TITLE	PD	☐ Delete	TITLE				Г	Change	☐ Addition	
	STALEY, AARON		NAME				_	,		
STREET ADDRESS	115 LONDON FOG WY		STREET ADDRESS	İ						
CITY-ST-ZIP	SANFORD FL 32771		CITY-ST-ZIP							
TITLE	TD	X Delete	TITLE	TD			Г] Change	Addition	
NAME	LINDEMAN, KAREN	EET DEBER	L.		LA OBRIEN) Change	_¥i ∨ocution	
STREET ADDRESS	103 EAST END CT.		STREET ADDRESS		LONDON F					
CITY-ST-ZIP	SANFORD FL 32771		CITY-ST-ZIP	1						
	SD	1971 n			FORD, FL	32771		7 Channa	TO Addition	
TITLE NAME	TOLER, JULIE		TITLE NAME	SD			_] Change	K Addition	
STREET ADDRESS	105 EAST END CT		STREET ADDRESS	1	EA JANSON					
CITY-ST-ZIP	SANFORD FL 32771		CITY-ST-ZIP	105	LONDON F	OG WAY				
· · · · · · · · · · · · · · · · · · ·	•		4	SANE	ORD, FL	32771				
TITLE	•	☐ Delete	TITLE	D			L] Change	X Addition	
NAME			NAME	JOAN	INE EDWAR	DS				
STREET ADDRESS			STREET ADDRESS	1	LONDON F	_			\$	
CITY-ST-ZIP		 	CITY-ST-ZIP	1	FORD, FL					
TITLE		☐ Delete	TITLE	JAMI	ORD, FL	32111] Change	☐ Addition	
NAME			NAME	1						
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							

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 express, with all other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Boyle, RA

Date

407-260-1119