
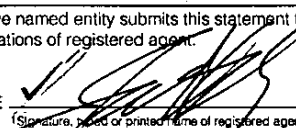



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90110 044 ****61.25

DOCUMENT # N96000001206 1. Entity Name MAYFAIR OAKS OF SEMINOLE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 498 PALM SPRINGS DR. #270 ALTAMONTE SPRINGS, FL 32701 US			Mailing Address 498 PALM SPRINGS DR. #270 ALTAMONTE SPRINGS, FL 32701 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3445723	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 3/7/05					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WESTRATE, KYLE 407 PRINCE PL. SANFORD, FL 32771		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNE TOLER DIRECTOR 105 EAST END ST. SANFORD, FL 32771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STALEY, AARON 115 LONDON FOG WY SANFORD, FL 32771		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SANDRA SIMMONS 112 QUEENS CT. SANFORD, FL 32771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JANSON, RENE A 105 LONDON FOG WY SANFORD, FL 32771		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDWARDS, JOANNE 153 LONDON FOG WY SANFORD, FL 32771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, JOANNE 153 LONDON FOG WY SANFORD, FL 32771		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDWARDS, JOANNE 153 LONDON FOG WY SANFORD, FL 32771	
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.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					