

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90159 034 \*\*\*\*61.25

<b>DOCUMENT # N96000001206</b>					
<b>1. Entity Name</b> MAYFAIR OAKS OF SEMINOLE HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 498 PALM SPRINGS DR. #270 ALTAMONTE SPRINGS, FL 32701 US			<b>Mailing Address</b> 498 PALM SPRINGS DR. #270 ALTAMONTE SPRINGS, FL 32701 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> P.O. Box 197043			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02022006 Chg-NP CR2E037 (11/05)	
City & State		City & State Winter Springs Florida		<b>4. FEI Number</b> 59-3445723	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		32719-7043 Semiole	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BOYLE, JAMES W 498 PALM SPRINGS DR. #270 ALTAMONTE SPRINGS, FL 32701			Name <b>EPM SERVICES</b> Street Address (P.O. Box Number is Not Acceptable) 165 W. State Road 434 City <b>Winter Springs</b> FL <b>32708</b>		
<b>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.</b>					
SIGNATURE					
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WESTRATE, KYLE 107 PRINCE PL. SANFORD, FL 32771	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CINDY HENDRICKSEN 107 QUEENS CT. SANFORD FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STALEY, AARON 115 LONDON FOG WY SANFORD, FL 32771	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STALEY, AARON 115 LONDON FOG WAY SANFORD FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OBRIEN, PAULA 125 LONDON FOG WAY SANFORD, FL 32771	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANDY SCOTT 112 QUEENS CT SANFORD FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JANSON, RENE 105 LONDON FOG WAY SANFORD, FL 32771	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, JOANNE 153 LONDON FOG WAY SANFORD, FL 32771	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOLER, JULIE 105 EAST END ST SANFORD, FL 32771	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>3/22/06</b> Daytime Phone #					

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