



2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N96000001206 1. Entity Name MAYFAIR OAKS OF SEMINOLE HOMEOWNERS ASSOCIATION, INC.				<div style="text-align: center; font-size: 2em; font-weight: bold;">FILED</div> <div style="text-align: center;">06 AUG 21 PM 3:48</div> <div style="text-align: center;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="text-align: center;">  </div>	
Principal Place of Business 498 PALM SPRINGS DR. #270 ALTAMONTE SPRINGS, FL 32701 US		Mailing Address POB 197043 WINTER SPRINGS, FL 32719-7043 US			
2. Principal Place of Business 206 S. ELM AVE Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 1596 Suite, Apt. #, etc.		08012006 Chg-NP CR2E037 (4/06)	
City & State SANFORD FL		City & State SANFORD FL		4. FEI Number 59-3445723	
Zip 32771		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EPM SERVICES 165 W STATE RD 434 WINTER SPRINGS, FL 32708		7. Name and Address of New Registered Agent PREMIER PROPERTY MGT CCL INC 206 S. ELM AVE SANFORD FL 32771			
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 <i>Gina N. Holbrook</i> Signature, typed or printed name of registered agent and title if applicable.		GINA N. HOLBROOK (NOTE: Registered Agent signature required when reinstating)		8/11/06 DATE	
Amended AR is \$61.25		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENDRICKSEN, CINDY		NAME		
STREET ADDRESS	107 QUEENS CT		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STALEY, AARON		NAME		
STREET ADDRESS	115 LONDON FOG WY		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCOTT, SANDY		NAME		
STREET ADDRESS	112 QUEENS CT		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JANSON, RENE A		NAME		
STREET ADDRESS	105 LONDON FOG WAY		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDWARDS, JOANNE		NAME		
STREET ADDRESS	153 LONDON FOG WAY		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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 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.					
SIGNATURE: <i>Cynthia Hendrickson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		8/11/06 Date		407-322-4922 Daytime Phone #	

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