

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90100 032 ****61.25

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1. Entity Name
 MAYFAIR OAKS OF SEMINOLE HOMEOWNERS ASSOCIATION, INC.



Prior Premier Property Management of CFL
 201 735 Primera Boulevard Suite 110
 SAI Lake Mary, FL 32746

Address
 OX 1596
 IRD, FL 32772-1596 US



02202008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3445723	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Premier Property Management of CFL NC
 735 Primera Boulevard Suite 110
 Lake Mary, FL 32746

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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 *Denise K Halberstam*

4/1/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HENDRICKSEN, CINDY
STREET ADDRESS	107 QUEENS CT
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	<i>Treasurer</i>
NAME	STALEY, AARON
STREET ADDRESS	115 LONDON FOG WY
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	VP
NAME	SCOTT, SANDY
STREET ADDRESS	112 QUEENS CT
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	SD
NAME	JANSON, RENE A
STREET ADDRESS	105 LONDON FOG WAY
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	D
NAME	EDWARDS, JOANNE <i>Ana Gonzalez</i>
STREET ADDRESS	153 LONDON FOG WAY <i>103 East End Ct.</i>
CITY-ST-ZIP	SANFORD, FL 32771 <i>Sanford, FL 32771</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Cindy Hendrickson* *2/28/08* *407-322-4922*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #