DOCUMENT# N96000001206	
Entity Name: MAYFAIR OAKS OF SEMINOLE HOMEOWNERS ASSOCIATION, INC.	See C
Current Principal Place of Business:	
761 CIARA CREEK COVE	
LONGWOOD, FL 32750	

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### **Current Mailing Address:**

761 CIARA CREEK COVE LONGWOOD, FL 32750 US

#### FEI Number: 59-3445723

## Name and Address of Current Registered Agent:

BONO AND ASSOCIATES 761 CIARA CREEK COVE LONGWOOD, FL 32750 US Certificate of Status Desired: No

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.

SIGNATURE	E: MICHAEL L BONO			04/12/2017
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	SECRETARY	Title	VP	
Name	BECKWITH, ELIZABETH	Name	WILLIAMS, SUSAN	
Address	761 CIARA CREEK COVE	Address	761 CIARA CREEK COVE	
City-State-Zip:	LONGWOOD FL 32750	City-State-Zip:	LONGWOOD FL 32750	
Title	PRESIDENT	Title	TREASURER	
Name	MICHAELSON, ERICA	Name	PEDERSEN, MATTHEW	
Address	761 CIARA CREEK COVE	Address	761 CIARA CREEK COVE	
City-State-Zip:	LONGWOOD FL 32750	City-State-Zip:	LONGWOOD FL 32750	
Title	DIRECTOR			
Name	ELLIOTT, TRINATY			
Address	761 CIARA CREEK COVE			
City-State-Zip:	LONGWOOD FL 32750			

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

## SIGNATURE: ERICA MICHAELSON

PRESIDENT

04/12/2017

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Apr 12, 2017 Secretary of State CC6264867614