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

2018 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			04/23/2018	
	Electronic Signature of Registered Agent			Date	
Officer/Director 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

04/23/2018 Date

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 23, 2018 ecretary of State CC9813799239