

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000001206

**Entity Name:** MAYFAIR OAKS OF SEMINOLE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 25, 2016**  
**Secretary of State**  
**CC0788698093**

**Current Principal Place of Business:**

761 CIARA CREEK COVE  
LONGWOOD, FL 32750

**Current Mailing Address:**

761 CIARA CREEK COVE  
LONGWOOD, FL 32750 US

**FEI Number:** 59-3445723

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BONO AND ASSOCIATES  
761 CIARA CREEK COVE  
LONGWOOD, FL 32750 US

*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:** MICHAEL L BONO

04/25/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name BECKWITH, ELIZABETH  
Address 761 CIARA CREEK COVE  
City-State-Zip: LONGWOOD FL 32750

Title VP  
Name WILLIAMS, SUSAN  
Address 761 CIARA CREEK COVE  
City-State-Zip: LONGWOOD FL 32750

Title PRESIDENT  
Name MICHAELSON, ERICA  
Address 761 CIARA CREEK COVE  
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR  
Name PEDERSEN, MATTHEW  
Address 761 CIARA CREEK COVE  
City-State-Zip: LONGWOOD FL 32750

Title TREASURER  
Name NEWTON, STEVEN  
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**

04/25/2016

Electronic Signature of Signing Officer/Director Detail

Date