

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715922

FILED
Mar 20, 2009
Secretary of State

Entity Name: THE MAYFAIR APTS., INC.

Current Principal Place of Business:

1520-60 MCKINLEY ST.
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

1560 MCKINLEY ST
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 59-1285278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANGELLOTTI, GAY
1520 MCKINLEY CT
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: PIERETTE, LAMARCHE
Address: 1560 MCKINLEY ST #211
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: VERA, LINDA
Address: 1520 MCKINLEY ST 112
City-St-Zip: HOLLYWOOD, FL 33020

Title: ST () Delete
Name: LANGELLOTTI, GAY
Address: 1520 MCKINLEY ST 102E
City-St-Zip: HOLLYWOOD, FL

Title: V () Delete
Name: MARQUART, DAN
Address: 1520 MCKINLEY ST # 213E
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: BRUYERE, ROBERT
Address: 1560 MCKINLEY ST, # 107 W
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GAY LANGELLOTTI

ST

03/20/2009

Electronic Signature of Signing Officer or Director

Date