

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743607

**FILED**  
**Jan 10, 2010**  
**Secretary of State**

**Entity Name:** MAYFAIR VILLAS ASSOCIATION, INC.

**Current Principal Place of Business:**

3800 H. E. THOMAS, JR. PARKWAY  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

120 MAYFAIR CT  
SANFORD, FL 32771

**New Mailing Address:**

**FEI Number:** 59-1897775

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SWANN, PATTY J  
120 MAYFAIR CT  
SANFORD, FL 32771 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: PRES  
Name: INGRAM, BILL  
Address: 144 MAYFAIR COURT  
City-St-Zip: SANFORD, FL 32771

Title: V. P  
Name: JOHNSON, TOMMYE  
Address: 138 MAYFAIR COURT  
City-St-Zip: SANFORD, FL 32771

Title: DIR.  
Name: COLLINS, MARILYN  
Address: 102 MAYFAIR COURT  
City-St-Zip: SANFORD, FL 32771

Title: DIR.  
Name: MOSSMAN, LIBBY  
Address: 154 MAYFAIR COURT  
City-St-Zip: SANFORD, FL 32771

Title: SEC.  
Name: ANDERSON, JIM  
Address: 124 MAYFAIR CT  
City-St-Zip: SANFORD, FL 32771

Title: DIR.  
Name: LENDERS, ROBERT J  
Address: 101 MAYFAIR CT  
City-St-Zip: SANFORD, FL 32771

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: ROBERT J. LENDERS

DIR.

01/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date