

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000931

FILED
Apr 25, 2005
Secretary of State

Entity Name: MAYFAIR HOUSE AT OAK HARBOR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4340 U.S. HIGHWAY #1
VERO BEACH, FL 32967

New Principal Place of Business:

630 25TH STREET SW
VERO BEACH, FL 32962

Current Mailing Address:

4340 U.S. HIGHWAY #1
VERO BEACH, FL 32967

New Mailing Address:

P.O. BOX 650429
VERO BEACH, FL 32965

FEI Number: 65-1087154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RULE, LISA A
4340 U.S. HIGHWAY #1
VERO BEACH, FL 32967 US

Name and Address of New Registered Agent:

RULE, LISA A
630 25TH STREET SW
VERO BEACH, FL 32962 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: _____

04/25/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVT () Delete
Name: BUZA, PETER L
Address: 4340 U.S. HIGHWAY #1
City-St-Zip: VERO BEACH, FL 32967

Title: DP () Delete
Name: NORTH, ANNABEL
Address: 4340 U.S. HIGHWAY #1
City-St-Zip: VERO BEACH, FL 32967

Title: DS () Delete
Name: LILLIE, GEORGE
Address: 4340 U.S. HIGHWAY #1
City-St-Zip: VERO BEACH, FL 32967

Title: M () Delete
Name: RULE, LISA A
Address: 4340 U.S. HIGHWAY #1
City-St-Zip: VERO BEACH, FL 32967

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change () Addition
Name: HARLEY, PHILIP
Address: P.O. BOX 650429
City-St-Zip: VERO BEACH, FL 32965

Title: DP (X) Change () Addition
Name: LILLIE, GEORGE
Address: P.O. BOX 650429
City-St-Zip: VERO BEACH, FL 32965

Title: DST (X) Change () Addition
Name: SMITH, MARGARET
Address: P.O. BOX 650429
City-St-Zip: VERO BEACH, FL 32965

Title: M (X) Change () Addition
Name: RULE, LISA A
Address: P.O. BOX 650429
City-St-Zip: VERO BEACH, FL 32965

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LISA RULE

M

04/25/2005

Electronic Signature of Signing Officer or Director

Date