2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N01000000931

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

Current Principal Place of Business:

2501 27TH AVENUE, SUITE F-11
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 650429
VERO BEACH, FL 32965

New Mailing Address:

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
2501 27TH AVENUE, SUITE F-11
VERO BEACH, FL 32960 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: DVT ( ) Delete
Name: TACKWELL, HENRY
Address: 1520 OAK HARBOR BLVD #203
City-St-Zip: VERO BEACH, FL 32967

Title: DP ( ) Delete
Name: LILLIE, GEORGE
Address: 1520 OAK HARBOR BLVD #204
City-St-Zip: VERO BEACH, FL 32967

Title: DS (X) Delete
Name: SMITH, MARGARET
Address: 1520 OAK HARBOR BLVD #202
City-St-Zip: VERO BEACH, FL 32967

Title: M ( ) Delete
Name: RULE, LISA A
Address: 2501 27TH AVENUE, SUITE F-11
City-St-Zip: VERO BEACH, FL 32960

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:

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: LISA A. RULE M 04/27/2009
Electronic Signature of Signing Officer or Director — Date