

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90022 021 ****61.25

DOCUMENT # N01000006050			
1. Entity Name MAYFIELD OWNERS ASSOCIATION, INC.			
Principal Place of Business P.O. BOX 65936 ORANGE PARK FL 32065		Mailing Address P.O. BOX 65936 ORANGE PARK FL 32065	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent EBNER, CINDY LU 3208 TALISMAN DR MIDDLEBURG FL 32068		7. Name and Address of New Registered Agent Name: Cindy Lu Ebner Street Address: 3103 Silverado Cir. Green Cove Springs City: FL Zip Code: 32043	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Cindy Lu Ebner** (NOTE: Registered Agent signature required when reinstating) DATE **3-6-07**

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: CARTER, JAMES W STREET ADDRESS: 3491 TALISMAN DR CITY-ST-ZIP: MIDDLEBURG FL 32068	☐ Delete	TITLE: D NAME: Al Perry STREET ADDRESS: 3280 Talisman Dr CITY-ST-ZIP: Middleburg FL 32068	☐ Change ☒ Addition
TITLE: STD NAME: EBNER, CINDY LU STREET ADDRESS: 3208 TALISMAN DR CITY-ST-ZIP: MIDDLEBURG FL 32068	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	☐ Change ☐ Addition
TITLE: D NAME: COLLINGWOOD, DOUGLAS STREET ADDRESS: 1345 TAFT CT CITY-ST-ZIP: MIDDLEBURG FL 32068	☒ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	☐ Change ☐ Addition
TITLE: D NAME: STUART, DENISE STREET ADDRESS: 1434 RUNERS CT CITY-ST-ZIP: MIDDLEBURG FL 32068	☒ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	☐ Change ☐ Addition
TITLE: D NAME: BERNHARD, JOHN STREET ADDRESS: 3284 TALISMAN DR CITY-ST-ZIP: MIDDLEBURG FL 32068	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Cindy Lu Ebner** **Cindy Lu Ebner** **3-12-07** **904-291-6028**