2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100006050

FILED Jul 27, 2009 Secretary of State

Entity Name: MAYFIELD OWNERS ASSOCIATION, INC.

| Current Principal Place of Business: | | New Principal Place of Busin | New Principal Place of Business: | |
|---|--|---|----------------------------------|--|
| P.O. BOX ORANGE | 65936 PARK, FL 32065 | 3103 SILVERADO CIR GREEN COVE SPRINGS, FL 3 | 32043 | |
| Current N | lailing Address: | New Mailing Address: | | |
| P.O. BOX ORANGE | 65936 PARK, FL 32065 | | | |
| | : 59-3735336 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation die | | icate of Status Desired() | |
| Name and | d Address of Current Registered Agent: | Name and Address of New Ro | egistered Agent: | |
| GREEN C The above | ERADO CIR OVE SPRINGS, FL 32043 US | ne purpose of changing its registered office o | r registered agent, or both, | |
| | | | | |
| SIGNATU | RE: | | | |
| SIGNATU | RE:Electronic Signature of Registered. | Agent | Date | |
| SIGNATUI OFFICER | | Agent ADDITIONS/CHANGES TO O | | |
| OFFICER Title: Name: Address: | Electronic Signature of Registered | ADDITIONS/CHANGES TO O | | |
| OFFICER. Title: Name: Address: City-St-Zip: Title: Name: Address: | Electronic Signature of Registered . S AND DIRECTORS: PD () Delete CARTER, JAMES W 3491 TALISMAN DR | ADDITIONS/CHANGES TO OR Title: () Change Name: Address: City-St-Zip: | FFICERS AND DIRECTOR | |
| | Electronic Signature of Registered . S AND DIRECTORS: PD () Delete CARTER, JAMES W 3491 TALISMAN DR MIDDLEBURG, FL 32068 STD () Delete EBNER, CINDY LU 3103 SILVERADO CIR | ADDITIONS/CHANGES TO OI Title: () Change Name: Address: City-St-Zip: Title: () Change Name: Address: City-St-Zip: | FFICERS AND DIRECTOR | |

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: CINDY LU EBNER SEC 07/27/2009