2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N03000008963

Entity Name: MAYFIELD ANNEX OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3488 ALEC DRIVE
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

P O BOX 65606
ORANGE PARK, FL 32065 US

New Mailing Address:

FEI Number: 59-2404770 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCARAZZO, TERRY L
3488 ALEC DRIVE
MIDDLEBURG, FL 32068 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: PD ( ) Delete
Name: SCARAZZO, TERRY L
Address: POST OFFICE BOX 65606
City-St-Zip: ORANGE PARK, FL 32065

Title: VPD ( ) Delete
Name: BOWER, FRANK C
Address: POST OFFICE BOX 65606
City-St-Zip: ORANGE PARK, FL 32065

Title: SD ( ) Delete
Name: JULIE, GOSLEE
Address: POST OFFICE BOX 65606
City-St-Zip: ORANGE PARK, FL 32065

Title: TD ( ) Delete
Name: ROSADA, MARGIE
Address: POST OFFICE BOX 65606
City-St-Zip: MIDDLEBURG, FL 32065

Title: D ( ) Delete
Name: BREHER, RODNEY D
Address: 1648 SEDGWICK DR
City-St-Zip: MIDDLEBURG, FL 32068

Title: D ( ) Delete
Name: COX, THELTON SR
Address: 1655 SEDGWICK DR
City-St-Zip: MIDDLEBURG, FL 32068

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:

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: RODNEY D BREHER D 04/02/2009

Electronic Signature of Signing Officer or Director — Date