

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90109 017 ****61.25

DOCUMENT # N05779

1. Entity Name
MAYFAIR MEADOWS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**C/O ATTWOOD-PHILLIPS INC AMO
1350 ORANGE AVE STE 100
WINTER PARK, FL 32789-4932**

Mailing Address
**C/O ATTWOOD-PHILLIPS INC AMO
1350 ORANGE AVE STE 100
WINTER PARK, FL 32789-4932**

40079860



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2512931

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GASPERONI & FLETCHER
156 S CHARLES RICHARD BEALL BLVD
STE 2
DEBARY, FL 32713**

Name **Attwood Phillips Inc**

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **JENSON, KATHRYN**
STREET ADDRESS **112 NEWPORT SQUARE**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **WITTICK, COLLEEN**
STREET ADDRESS **112 MEADOW BLVD.**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **PINTOK, JASON**
STREET ADDRESS **139 MEADOW BLVD.**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ARROYO, RICHARD**
STREET ADDRESS **122 C AND LEUREK CT**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **BALDWIN, GEOFFREY**
STREET ADDRESS **107 CANDLEWICK CT.**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Colleen M Wittick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08
Date

Daytime Phone #