2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DEAN Topovich

Apr 11, 2006 8:00 am Secretary of State DOCUMENT # N33643 1. Entity Name 04-11-2006 90108 038 ****61.25 MAYFIELD HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address POST OFFICE BOX 356 SEFFNER FL 33583-356 POST OFFICE BOX 356 SEFFNER FL 33583-356 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-3026132 Not Applicable Zip Zip Hills bourough \$8.75 Additional 5. Certificate of Status Desired Uillsborough Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHUMSKY, WILLIAM 727 CHILT DRIVE Street Address (P.O. Box Number is Not Acceptable) **BRANDON FL 33510** 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 SHUMSKY - president FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ☐ Addition SHUMSKY, WILLIAM MAME NAME 727 CHILT DRIVE STREET ADDRESS STREET ADDRESS BRANDON FL 33510 CITY-ST-ZIP CITY-ST-ZIP Russel Swisher 602 Child DR Brandon, A. 2224 VD Delete ☐ Addition TITLE POTH, GREG 宁 МАМЕ NAME 705 CHILT DR. STREET ADDRESS STREET ADDRESS BRANDON FL 33510 CHY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME MACRITCHIE, ANN NAME STREET ADDRESS 609 CHILT DRIVE STREET ADDRESS CITY-ST-7IP BRANDON FL 33510 CITY-ST-ZIP TrTLC TD ☐ Delete TITLE Change ☐ Addition NAME. POPOWICH, JEAN NAME STREET ADDRESS 502 CHILT DR. STREET ADDRESS CHTY-ST-ZIP BRANDON FL 33510 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP TITLE ☐ Change TITLE Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 nath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute place of the corporation or the receiver or trustee empowered to execute place of the corporation of the receiver or trustee empowered to execute place of the corporation of the receiver or trustee empowered to execute place of the corporation of the receiver or trustee empower and the corporation of the receiver or trustee empower of the corporation of the receiver or trustee empower or trustee empower of the corporation of the receiver or trustee empower or trustee

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