
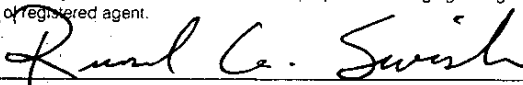
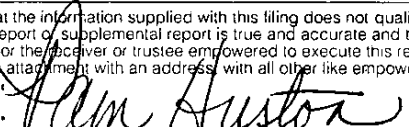


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90034 013 \*\*\*\*61.25

<b>DOCUMENT # N33643</b> 1. Entity Name <b>MAYFIELD HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>POST OFFICE BOX 356</b> <b>SEFFNER, FL 33583-356 US</b>			Mailing Address <b>POST OFFICE BOX 356</b> <b>SEFFNER, FL 33583-356 US</b>		
2. Principal Place of Business - No P.O. Box # <b>704 Chilt Dr.</b>		3. Mailing Address Suite, Apt. #, etc. 			
City & State <b>Brandon, FL</b>		City & State 		4. FEI Number <b>59-3026132</b>	
Zip <b>33510</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SHUMSKY, WILLIAM</b> <b>727 CHILT DRIVE</b> <b>BRANDON, FL 33510</b>				7. Name and Address of New Registered Agent Name <b>Swisher, Russell</b> Street Address (P.O. Box Number is Not Acceptable) <b>602 Chilt Dr.</b> City <b>Brandon</b> <b>FL</b> <b>33510</b>	
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 50%;"> <b>Russell Swisher, President 01-23-07</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 10%; text-align: right;"> <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>SHUMSKY, WILLIAM</b> <input checked="" type="checkbox"/> Delete <b>727 CHILT DRIVE</b> <b>BRANDON, FL 33510</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer (TD) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Huston, Pam</b> <b>704 Chilt Dr.</b> <b>Brandon, FL 33510</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> President (PD) <input type="checkbox"/> Delete <b>SWISHER, RUSSEL</b> <b>602 CHILT DR</b> <b>BRANDON, FL 335102561</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member/ Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Steve Carp</b> <b>603 Chilt Dr.</b> <b>Brandon, FL 33510</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete <b>MACRITCHIE, ANN</b> <b>609 CHILT DRIVE</b> <b>BRANDON, FL 33510</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member/ Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Julissa Pena</b> <b>713 Chilt Dr.</b> <b>Brandon, FL 33510</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Board Member/Director <input type="checkbox"/> Delete <b>POPOWICH, JEAN</b> <b>502 CHILT DR.</b> <b>BRANDON, FL 33510</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Stacy Hall</b> <b>606 Chilt Dr.</b> <b>Brandon, FL 33510</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <b>Pam Huston, Treasurer 01-23-07</b> <b>813-871-8101</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					