

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33643

FILED
May 27, 2009
Secretary of State

Entity Name: MAYFIELD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

704 CHILT DR
BRANDON, FL 33510 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 356
SEFFNER, FL 33583356 US

New Mailing Address:

FEI Number: 59-3026132 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SWISHER, RUSSELL
602 CHILT DR
BRANDON, FL 33510 US

Name and Address of New Registered Agent:

GENE, ADKINS
601 CHILT DR
BRANDON, FL 33510 US

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: GENE ADKINS

05/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: HUSTON, PAM
Address: 704 CHILT DR
City-St-Zip: BRANDON, FL 33510

Title: PD () Delete
Name: SWISHER, RUSSEL
Address: 602 CHILT DR
City-St-Zip: BRANDON, FL 335102561

Title: SD () Delete
Name: MACRITCHIE, ANN
Address: 609 CHILT DRIVE
City-St-Zip: BRANDON, FL 33510

Title: BMD () Delete
Name: POPOWICH, JEAN
Address: 502 CHILT DR.
City-St-Zip: BRANDON, FL 33510

Title: BMD (X) Delete
Name: CARP, STEVE
Address: 603 CHILT DR
City-St-Zip: BRANDON, FL 33510

Title: BMD (X) Delete
Name: AMORELLI, EMANUEL
Address: 716 CHILT DR
City-St-Zip: BRANDON, FL 33510

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: ADRIENNE, SWISHER
Address: 602 CHILT DR
City-St-Zip: BRANDON, FL 335102561

Title: BMD (X) Change () Addition
Name: POPOVICH, JEAN
Address: 502 CHILT DRIVE
City-St-Zip: BRANDON, FL 33510

Title: BMD (X) Change () Addition
Name: CARP, STEVE
Address: 603 CHILT DR.
City-St-Zip: BRANDON, FL 33510

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: PAMELA HUSTON

TD

05/27/2009

Electronic Signature of Signing Officer or Director

Date