

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44091

FILED  
Mar 19, 2007  
Secretary of State

**Entity Name:** MAYFAIR OAKS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

405 HARLEY CT.  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

**Current Mailing Address:**

405 HARLEY CT.  
OVIEDO, FL 32765 US

**New Mailing Address:**

**FEI Number:** 59-3071123

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REIFF, ANDREW L.  
135 WEST CENTRAL BLVD SUTE 730  
ORLANDO, FL 32801 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: DP ( ) Delete  
Name: WHORTON, MARK  
Address: 413 HARLEY CT.  
City-St-Zip: OVIEDO, FL 32765 US

Title: DT ( ) Delete  
Name: CORTES, HENRY  
Address: 405 HARLEY CT.  
City-St-Zip: OVIEDO, FL 32765 US

Title: SD ( ) Delete  
Name: REIKER, MARK  
Address: 2088 WEMBLEY PL  
City-St-Zip: OVIEDO, FL 32765 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: LITTLE, KIM  
Address: 404 HARLEY CT.  
City-St-Zip: OVIEDO, FL 32765 US

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

Title: SD (X) Change ( ) Addition  
Name: CLARK, JEFF  
Address: 412 HARLEY CT.  
City-St-Zip: OVIEDO, FL 32765 US

I hereby certify that the information supplied with this filing does not qualify for the 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: HENRY CORTES

DT

03/19/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date