2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006
Secretary of State

DOCUMENT# N47223

Entity Name: MAYFAIR VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3021 OAK AVE #10
#10
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

3021 OAK AVENUE
#10
COCONUT GROVE, FL 33133 US

Current Mailing Address:

3021 OAK AVE #10
#10
COCONUT GROVE, FL 33133 US

New Mailing Address:

3021 OAK AVENUE
#10
COCONUT GROVE, FL 33133 US

FEI Number: 65-0312121 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIVERA, JEANDELIZE MS
3021 OAK AVE #4
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

RIVERA, JEANDELIZE MS
3021 OAK AVE
#4
COCONUT GROVE, FL 33133 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: _____ 01/11/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: BRUSH, CHRISTY
Address: 3021 OAK AVE #9
City-St-Zip: COCONUT GROVE, FL 33133

Title: VSD ( ) Delete
Name: RIVERA, JENDELIZE
Address: 3021 OAK AVE #4
City-St-Zip: COCONUT GROVE, FL 33133

Title: PMD ( ) Delete
Name: MANCUSI, MARZIA
Address: 3021 OAK AVE #8
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: MARZIA MANCUSI PMD 01/11/2006
Electronic Signature of Signing Officer or Director — Date