


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90019 021 \*\*\*\*61.25

<b>DOCUMENT # N92000000904</b> 1. Entity Name <b>MAYFAIR CONDOMINIUM IN PARK WEST CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>5444 PARK BLVD. #101 PINELLAS PARK, FL 33781 US</b>			Mailing Address <b>% CONDOMINIUM MGMT GROUP P O BOX 47068 ST PETERSBURG, FL 33110 US</b>		
2. Principal Place of Business - No P.O. Box # <b>3125 - 312th St N.</b>		3. Mailing Address <b>40</b> <b>Resource Property Mgmt</b> Suite, Apt. #, etc. <b>7300 Park St.</b>			
City & State <b>St Petersburg FL</b>		City & State <b>Seminole, FL</b>		4. FEI Number <b>59-1727806</b>	
Zip <b>33715 -</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WELTON, RONALD D 5444 PARK BLVD PINELLAS PARK, FL 33781</b>		7. Name and Address of New Registered Agent Name <b>Deborah Reinhardt</b> Street Address (P.O. Box Number is Not Acceptable) <b>7300 Park St</b> City <b>Seminole</b> <b>FL</b> Zip Code <b>33777</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.  SIGNATURE <u><i>Deborah Reinhardt</i></u> <b>4/27/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOZZER, EDWIN 3125 36TH STREET NORTH, #306 ST PETERSBURG, FL 33713		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EASON, CHERRYL 3125 36 STREET NORTH, #208 ST PETERSBURG, FL 33713		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TALBOT, ROMEO 3125 36TH ST N #311 SAINT PETERSBURG, FL 33713		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		<input type="checkbox"/> Delete		
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: <u><i>X Edwin Mozzer</i></u> <b>4/27/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> <b>Edwin Mozzer, President</b>					