

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90197 015 ****61.25

DOCUMENT # N94000000548

1. Entity Name
MAYFAIR AT WOODFIELD, INC.



Principal Place of Business
11784 W SAMPLE RD
STE 103
POMPANO BEACH, FL 33065 US

Mailing Address
11784 W SAMPLE RD
STE 103
POMPANO BEACH, FL 33065 US

50001312



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142007 Chg-NP CR2E037 (12/06)

City & State
Coral Springs

City & State
Coral Springs

Zip Country Zip Country

4. FEI Number
65-0650360

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~D'ANNA, RONALDE~~
~~2500 GLADES RD~~
~~#400 - EAST TOWER~~
~~BOCA RATON, FL 33481~~

Name
United Community Mgt. Corp.

Street Address (P.O. Box Number is Not Acceptable)
11784 W. Sample Rd #103

City
Coral Springs FL *33065*

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 *Denise Kattauer* VP Finance United Comm Mgmt 3/2/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
SPINNER, FELICE
4214 NW 60TH DR
BOCA RATON, FL 33496 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP
SONDAK, ANDREA
4266 N.W. 62ND ROAD
BOCA RATON, FL 33496 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD
~~BLUM, HAL~~
6263 N W43RD TERR
BOCA RATON, FL 33496 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD *Blum, Harold* ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD *Levine, Roberta* ☐ Change ☒ Addition
4287 n.w. 61 lane
Boca Raton, FL 33496

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/16/07 Daytime Phone #