## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000003129

FILED Jaņ 2<u>0, 2</u>009 Secretary of State

Entity Name: MAYFAIR AT PARKLAND HOMEOWNERS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** INTEGRITY PROPERTY MANAGEMENT INC. 953 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071 **New Mailing Address: Current Mailing Address:** INTEGRITY PROPERTY MANAGEMENT INC. 953 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071 FEI Number: 65-0583390 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VERNIS & BOWLING OF BROWARD, P.A. 1901 SOUTH ANDREWS AVE FORT LAUDERDALE, FL 33316 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SILBIGER, LAWRENCE Name: Name: 6354 N.W. 80TH DRIVE Address: Address: City-St-Zip: PARKLAND, FL 33067 City-St-Zip: Title: PD () Delete Title: PD (X) Change ( ) Addition GELFORD, FREDD Name: Name: GELFOND, FREDD Address: 6826 NW 81ST CT Address: 6826 NW 81ST CT City-St-Zip: POMPANO BEACH, FL 33067 City-St-Zip: PARKLAND, FL 33067 Title: () Delete Title: (X) Change ( ) Addition MAYERJOHN, ROBERT Name: MAYERSOHN, ROBERT Name: Address: 6742 NW 80TH MANOR Address: 6742 NW 80TH MANOR City-St-Zip: POMPANO BEACH, FL 33067 City-St-Zip: PARKLAND, FL 33067

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: LAWRENCE SILBIGER DT 01/20/2009