

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001206

FILED
Mar 20, 2012
Secretary of State

Entity Name: MAYFAIR OAKS OF SEMINOLE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

% PREMIER ASSOCIATION MANAGEMENT OF CFL
735 PRIMERA BOULEVARD , SUITE 110
LAKE MARY, FL 32746 US

New Principal Place of Business:

PREMIER ASSOCIATION MANAGEMENT OF CFL
725 PRIMERA BOULEVARD , SUITE 115
LAKE MARY, FL 32746 US

Current Mailing Address:

% PREMIER ASSOCIATION MANAGEMENT OF CFL
735 PRIMERA BOULEVARD , SUITE 110
LAKE MARY, FL 32746 US

New Mailing Address:

PREMIER ASSOCIATION MANAGEMENT OF CFL
725 PRIMERA BOULEVARD , SUITE 115
LAKE MARY, FL 32746 US

FEI Number: 59-3445723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PREMIER ASSOCIATION MANAGEMENT CEC, INC
735 PRIMERA BOULEVARD
SUITE 110
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

PREMIER ASSOCIATION MANAGEMENT CEC, INC
725 PRIMERA BOULEVARD
SUITE 115
LAKE MARY, FL 32746 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: GINA N. HOLBROOK

03/20/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP
Name: WILLIAMS, SUSAN
Address: 725 PRIMERA BLVD., SUITE 115
City-St-Zip: LAKE MARY, FL 32746

Title: DT
Name: STALEY, AARON
Address: 725 PRIMERA BLVD., SUITE 115
City-St-Zip: LAKE MARY, FL 32746

Title: D
Name: MICHAELSON, ERICA
Address: 725 PRIMERA BLVD, SUITE 115
City-St-Zip: LAKE MARY, FL 32746

Title: DP
Name: GONZALEZ, ANA
Address: 725 PRIMERA BLVD., SUITE 115
City-St-Zip: LAKE MARY, FL 32746

I hereby 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 all other like empowered.

SIGNATURE: ANA GONZALEZ

P

03/20/2012

Electronic Signature of Signing Officer or Director

Date