

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004997

FILED
Mar 29, 2009
Secretary of State

Entity Name: MAYFAIR CLUB HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

MAYFAIR CLUB
COUNTRY CLUB RD.
SANFORD, FL 32773 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 470724
LAKE MONROE, FL 327470724 US

New Mailing Address:

FEI Number: 59-3469205 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERSKINE, JOHN K
111 GOLFSIDE CIRCLE
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: HENSLEY, ADRIAN C
Address: 121 GOLFSIDE CIRCLE
City-St-Zip: SANFORD, FL 32773

Title: SD () Delete
Name: KELLY, JENNIFER C
Address: 162 GOLFSIDE CIRCLE
City-St-Zip: SANFORD, FL 32773

Title: VD () Delete
Name: WILLIS, ALLAN D
Address: 142 CIRCLE HILL ROAD
City-St-Zip: SANFORD, FL 32773

Title: TD () Delete
Name: ERSKINE, JOHN K
Address: 111 GOLFSIDE CIRCLE
City-St-Zip: SANFORD, FL 32773

Title: D () Delete
Name: KUBICKI, DAVID
Address: 134 CIRCLE HILL ROAD
City-St-Zip: SANFORD, FL 32773

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:

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 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: JOHN ERSKINE

TD

03/29/2009

Electronic Signature of Signing Officer or Director

_____ Date