

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000000154

**Entity Name:** MAYFAIR NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

18550 NORTH DALE MABRY HIGHWAY  
LUTZ, FL 33548

**Current Mailing Address:**

C/O WISE PROPERTY MANAGEMENT, INC.  
18550 NORTH DALE MABRY HIGHWAY  
LUTZ, FL 33548 US

**FEI Number:** 59-3635851

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

INGLIS, JOHN S.  
SHUMAKER, LOOP & KENDRICK, LLP.  
101 E. KENNEDY BLVD SUITE 2800  
TAMPA, FL 33602 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:** JOHN S INGLIS

04/07/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name MARTIN, CARLA  
Address 18550 NORTH DALE MABRY  
HIGHWAY  
City-State-Zip: LUTZ FL 33548

Title PRESIDENT  
Name COLESTANI, MATTHEW T.  
Address 18550 NORTH DALE MABRY  
HIGHWAY  
City-State-Zip: LUTZ FL 33548

Title TREASURER  
Name KASPER, JOHN  
Address 18550 NORTH DALE MABRY  
HIGHWAY  
City-State-Zip: LUTZ FL 33548

Title SECRETARY  
Name WIECHART, KELLY  
Address 18550 NORTH DALE MABRY  
HIGHWAY  
City-State-Zip: LUTZ FL 33548

Title DIRECTOR  
Name BEALL, BARBARA  
Address 18550 NORTH DALE MABRY  
HIGHWAY  
City-State-Zip: LUTZ FL 33548

*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:** MATTHEW COLESTANI

PRESIDENT

04/07/2021

Electronic Signature of Signing Officer/Director Detail

Date