

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

95 FEB 28 AM 4: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 739132 (9)

1. Corporation Name:

LAKE MANDARIN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 23714  
JACKSONVILLE FL 32241-3714

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JACKSONVILLE FL 32241-3714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/20/1977  
3a. Date of Last Report 03/08/1994

4. FEI Number 59-1911806  
Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WELCH, ELMINA P  
3354 LAUREL GROVE RD S  
JACKSONVILLE FL 32223

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when rotating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME ATKINS, TONY  
STREET ADDRESS 3431 WAVERLY DOCK RD E  
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME AIRES, JIM  
STREET ADDRESS 3123 LAUREL GROVE NO.  
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE V  
NAME HODGE, CHARLES  
STREET ADDRESS 3205 THORN LANE  
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME TEBEAU, JIM  
STREET ADDRESS 3222 CRACKER CART LN  
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME LIPKIN, PATTY  
STREET ADDRESS 3189 LAUREL GROVE N  
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE  Change  Addition  
5.2 NAME CREE, TAMMY  
5.3 STREET ADDRESS 3354 Waverly Dock Rd  
5.4 CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE T  
NAME WELCH, ELMINA P  
STREET ADDRESS 3354 LAUREL GROVE RD S  
CITY-ST-ZIP JACKSONVILLE FL

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if stamped, or as an attachment with an address.

SIGNATURE: *Elmina P. Welch (Secretary)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/94  
DATE  
904 - 260-8574  
Telephone #