


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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

P.O. BOX 23714  
JACKSONVILLE FL 32241-3714



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/20/1977</b>		3a. Date of Last Report <b>04/05/1996</b>	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		4. FEI Number <b>59-1911806</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	<b>Jennifer D. Stackhouse</b>		
82 Street Address (P.O. Box Number is Not Acceptable)	<b>3293 Laurel Grove South</b>		
83			
84 City	<b>Jacksonville</b>	85 State	<b>FL</b>
		86 Zip Code	<b>32223</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Jennifer D. Stackhouse* DATE **5/1/97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROWE, LINDA</b>	1.2 NAME	<b>Jennifer D. Stackhouse</b>
STREET ADDRESS	<b>11016 CITRON CT.K RD E</b>	1.3 STREET ADDRESS	<b>3293 Laurel Grove South</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>	1.4 CITY-ST-ZIP	<b>Jacksonville FL 32223</b>
TITLE	<b>DV</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STUDSTILL, JOHN</b>	2.2 NAME	<b>Eugene McDonald</b>
STREET ADDRESS	<b>3178 LAUREL GROVE NO.</b>	2.3 STREET ADDRESS	<b>3529 Peerless Dock</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>	2.4 CITY-ST-ZIP	<b>Jacksonville FL 32223</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HODGE, CHARLES</b>	3.2 NAME	<b>Tammy Farley</b>
STREET ADDRESS	<b>3205 THORN LN.</b>	3.3 STREET ADDRESS	<b>3139 Laurel Grove North</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>	3.4 CITY-ST-ZIP	<b>Jacksonville FL 32223</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TEBEAU, JIM</b>	4.2 NAME	
STREET ADDRESS	<b>3222 CRACKER CART LN</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANNING, VIRGINIA</b>	5.2 NAME	
STREET ADDRESS	<b>3249 LAUREL GROVE SO.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>	5.4 CITY-ST-ZIP	
TITLE	<b>DT</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELCH, ELMINA P</b>	6.2 NAME	
STREET ADDRESS	<b>3354 LAUREL GROVE RD S</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address.

SIGNATURE: *Jennifer D. Stackhouse* DATE **4/30/97** DAYTIME PHONE **904-725-4122**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)