


FILE NOW: FILING FEE IS \$61.25

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Mar 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 739132 (9)</b> 1. Corporation Name <b>LAKE MANDARIN HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>P.O. BOX 23714 JACKSONVILLE FL 32241-3714</b>		Mailing Address <b>P.O. BOX 23714 JACKSONVILLE FL 32241-3714</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>25</b> Suite, Apt. #, etc. <b>26</b> City & State <b>27</b> Zip <b>28</b> Country	
9. Name and Address of Current Registered Agent <b>STACKHOUSE, JENNIFER D 3293 LAUREL GROVE SOUTH JACKSONVILLE FL 32223</b>			
10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code			
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 <u>Jennifer D. Stackhouse</u> <u>Jennifer D. Stackhouse</u> <u>3/10/98</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>STACKHOUSE, JENNIFER D</b> STREET ADDRESS <b>3293 LAUREL GROVE SOUTH</b> CITY-ST-ZIP <b>JACKSONVILLE FL</b>		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <b>P</b> <input checked="" type="checkbox"/> DELETE NAME <b>MCDONALD, EUGENE</b> STREET ADDRESS <b>3529 PEERLESS DOCK</b> CITY-ST-ZIP <b>JACKSONVILLE FL</b>		2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME <b>Hodge, Charles</b> 2.3 STREET ADDRESS <b>3205 Thorn Ln.</b> 2.4 CITY-ST-ZIP <b>Jacksonville FL 32223</b>	
TITLE <b>V</b> <input checked="" type="checkbox"/> DELETE NAME <b>HODGE, CHARLES</b> STREET ADDRESS <b>3205 THORN LN.</b> CITY-ST-ZIP <b>JACKSONVILLE FL 32223</b>		3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>TEBEAU, JIM</b> STREET ADDRESS <b>3222 CRACKER CART LN</b> CITY-ST-ZIP <b>JACKSONVILLE FL</b>		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>MANNING, VIRGINIA</b> STREET ADDRESS <b>3249 LAUREL GROVE SO.</b> CITY-ST-ZIP <b>JACKSONVILLE FL 32223</b>		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>FARLEY, TAMMY</b> STREET ADDRESS <b>3139 LAUREL GROVE NORTH</b> CITY-ST-ZIP <b>JACKSONVILLE FL</b>		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I 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: <u>Jennifer D. Stackhouse</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>3/10/98</u> <u>904-725-4122 ext 205</u> Date Daytime Phone # 0006327	



CR2E037 (10/97)