

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739132

1. Entity Name

LAKE MANDARIN HOMEOWNERS ASSOCIATION, INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90012 034 ****61.25

Principal Place of Business

P.O. BOX 23714
JACKSONVILLE FL 32241-3714

Mailing Address

P.O. BOX 23714
JACKSONVILLE FL 32241-3714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1911806

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STACKHOUSE, JENNIFER D
3293 LAUREL GROVE SOUTH
JACKSONVILLE FL 32223

Name

Nancy M. Bateh

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

11150 Zephyr Way

Jacksonville

City

FL

Zip Code

32223

8. 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

Nancy M. Bateh NANCY M. BATEH - TREASURER

7-21-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	STACKHOUSE, JENNIFER D	
STREET ADDRESS	3293 LAUREL GROVE SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	HODGE, CHARLES	
STREET ADDRESS	3205 THORN LN	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	D	<input type="checkbox"/> Delete
NAME	TEBEAU, JIM	
STREET ADDRESS	3222 CRACKER CART LN	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARLEY, TAMMY	
STREET ADDRESS	3139 LAUREL GROVE NORTH	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY M. BATEH
STREET ADDRESS	11150 Zephyr Way
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P. HODGE
STREET ADDRESS	3426 Fairbanks Grant Rd. N.
CITY-ST-ZIP	Jacksonville, FL 32223
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D. TEBEAU
STREET ADDRESS	Amir WIND, JR.
CITY-ST-ZIP	3410 PARSON CT. JACKSONVILLE, FL 32223
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D. FARLEY
STREET ADDRESS	KELLY HOOVER
CITY-ST-ZIP	3190 LAUREL GROVE RD. N. JACKSONVILLE, FL 32223
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Nancy M. Bateh NANCY M. BATEH

7-24-00 (904) 886-0154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)