

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

0017 3

DOCUMENT # 739132

1. Entity Name

LAKE MANDARIN HOMEOWNERS ASSOCIATION, INC.

05-18-2001 91560 020 ****61.25

Principal Place of Business P.O. BOX 23714 JACKSONVILLE FL 32241-3714	Mailing Address P.O. BOX 23714 JACKSONVILLE FL 32241-3714
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-1911806	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BATEH, NANCY M
11150 ZEPHYR WAY
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name **BARBARA G NOELL**
 Street Address (P.O. Box Number is Not Acceptable) **3345 FAIRBANKS GRANT RD N**
 City **JACKSONVILLE** 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 **BARBARA G NOELL / TREASURER** *Barbara G Noell* DATE **5/11/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JEFF PIRRUNG 3355 FAIRBANKS GR RD N JACKSONVILLE FL 32223	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPI/ BRUCE HOPPE 3130 LAUREL GROVE SOUTH JACKSONVILLE FL 32223	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/ BARBARA NOELL 3345 FAIRBANKS GR RD N JACKSONVILLE FL 32223	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/ ANITA GARD 3154 LAUREL GROVE SOUTH JACKSONVILLE FL 32223	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **BARBARA G NOELL / TREASURER** *Barbara G Noell* **904 880 6826**

CR2E037 (10/00)