

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90073 036 ****61.25

DOCUMENT # 739132

1. Entity Name
LAKE MANDARIN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
 P.O. BOX 23714 P.O. BOX 23714
 JACKSONVILLE FL 32241-3714 JACKSONVILLE FL 32241-3714



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

59-1911806 Not Applicable

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

6. Name and Address of Current Registered Agent

NOELL, BARBARA G
3345 FAIRBANKS GRANT RD N.
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
3345 FAIRBANKS GRANT Rd N
 City **FL** Zip Code

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 _____
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

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	PD	<input type="checkbox"/> Delete
NAME	PIRRUNG, JEFF	
STREET ADDRESS	3355 FAIRBANKS GRANT RD N.	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HOPPER, BRUCE	
STREET ADDRESS	3130 LAUREL GROVE S.	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NOELL, BARBARA	
STREET ADDRESS	3345 FAIRBANKS GRANT N.	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	S	<input type="checkbox"/> Delete
NAME	GARD, ANITA	
STREET ADDRESS	3154 LAUREL GROVE S.	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRIS MANNING	
STREET ADDRESS	3249 LAUREL GROVE SOUTH	
CITY-ST-ZIP	Jax 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 reports 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-02

CPRE037 (9/01)