

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 01, 2004 8:00 am
Secretary of State

07-01-2004 90002 022 ****61.25

DOCUMENT # 739132

1. Entity Name

LAKE MANDARIN HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 23714
JACKSONVILLE FL 32241-3714

Mailing Address

P.O. BOX 23714
JACKSONVILLE FL 32241-3714

04000479



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1911806

Applied For

Not Applicable

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

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

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

BARBARA G NOELL

Barbara G. Noell

6/28/04

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME HODGE, CHARLEY ☒ Delete
STREET ADDRESS 3205 THORN LANE
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE P
NAME DOUGLAS WOODHOLZ ☐ Change ☒ Addition
STREET ADDRESS ORANGE CARTWAY
CITY-ST-ZIP JAX FL 32223

TITLE TS
NAME NOELL, BARBARA ☐ Delete
STREET ADDRESS 3345 FAIRBANKS GRANT N.
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME HOLDREN, SANDY ☒ Delete
STREET ADDRESS 3425 WAVERLY DOCK RD
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME HOPPE, BRUCE ☐ Delete
STREET ADDRESS 3130 LAUREL GROVE SO
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME NISSEN, ART ☐ Delete
STREET ADDRESS 3519 PEERLESS DOCK CT
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE
NAME NOW IS VICE PRES ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/04 904 880 6826

Date

Daytime Phone #