

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90041 014 \*\*\*\*61.25

<b>DOCUMENT # 739132</b> 1. Entity 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 - No P.O. Box # <b>3345 Fairbanks Grant Rd</b>			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Jacksonville FL</b>			City & State		
Zip <b>32223</b>		Country <b>USA</b>		Zip	
Country		4. FEI Number <b>59-1911806</b>			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NOELL, BARBARA G 3345 FAIRBANKS GRANT RD N. JACKSONVILLE, FL 32223</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WOCHHOLZ, DOUGLAS</b> <b>11060 ORANGE CART WAY</b> <b>JACKSONVILLE, FL 32223</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GAMBILL, STEVE</b> <b>3292 LAURER GROVE S</b> <b>JACKSONVILLE, FL 32223</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NISSAN, ART</b> <b>3579 PEERLESS DOCK CT</b> <b>JACKSONVILLE, FL 32223</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>NOELL, BARBARA G</b> <b>3345 FAIRBANKS GRANTRON</b> <b>JACKSONVILLE, FL 32223</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T</b> <b>KIMBERLY STANTON</b> <b>3208 THORN LANE</b> <b>JAX FL 32223</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARBARA NOELL</b> <b>3345 FAIRBANKS GRANT RD N</b> <b>JAX FL 32223</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u>Barbara G Noell</u> <b>BARBARA NOELL</b> <b>4/7/08</b> <b>904 880 6826</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					