

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90354 046 ****61.25

0066068

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

11036905



CHECK HERE IF MAKING CHANGES

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

**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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **PIRRUNG, JEFF**
STREET ADDRESS **3355 FAIRBANKS GRANT RD N.**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **(P) CHARLEY Hodge** Change Addition
NAME
STREET ADDRESS **3205 THORN LN**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

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

TITLE **(TS)** Change Addition
NAME **NOELL BARBARA**
STREET ADDRESS **3345 FAIRBANKS GRANT RD N**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **S** Delete
NAME **GARD, ANITA**
STREET ADDRESS **3154 LAUREL GROVE S.**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **(V) SANDY HOLDREN** Change Addition
NAME
STREET ADDRESS **3425 WAVERLY DOCK RD**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **VD** Delete
NAME **MANNING, CHRIS**
STREET ADDRESS **3249 LAUREL GROVE SOUTH**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **(D) BRUCE HOPPE** Change Addition
NAME
STREET ADDRESS **3136 LAUREL GROVE SO**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **(D) ART NISSEN** Change Addition
NAME
STREET ADDRESS **3519 PEERLESS DOCK CT**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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:

SIGNATURE: BARBARA NOELL **4.28.03 9048806826**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)