

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90019 045 ****70.00

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1. Entity Name
SOUTH MANDARIN OFFICE PARK CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
12412 SAN JOSE BLVD, STE 104
JACKSONVILLE, FL 32207

Mailing Address
12412 SAN JOSE BLVD.
101
JACKSONVILLE, FL 32223

54025156



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3686551

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

CARROLL, THOMAS R E.A.
12412-101 SAN JOSE BLVD.
JACKSONVILLE, FL 32223

7. Name and Address of New Registered Agent

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

**Filing 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

TITLE D ☐ Delete
NAME BRANIFF, MICHAEL
STREET ADDRESS 12412 SAN JOSE BLVD, STE 104
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE VPB ☐ Delete
NAME CARROLL, TOM
STREET ADDRESS 12412 SAN JOSE BLVD. SUITE 101
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE TD ☐ Delete
NAME GREEN, RAVI
STREET ADDRESS 12412 SAN JOSE BLVD. STE. 301
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE SD ☐ Delete
NAME EBERSBERG, ROBERT
STREET ADDRESS 12412 SAN JOSE BLVD. SUITE 201
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE D ☒ Change ☐ Addition
NAME Correct spelling Gaur
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition
NAME Correct spelling Ebersbergen
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #