


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000007419

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
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01232007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3686551	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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: *Thomas R. Carroll* (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRANIFF, MICHAEL
STREET ADDRESS	12412 SAN JOSE BLVD, STE 104
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	CARROLL, TOM
STREET ADDRESS	12412 SAN JOSE BLVD. SUITE 101
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	D
NAME	EBERSBERGEN, ROBERT
STREET ADDRESS	12412 SAN JOSE BLVD. SUITE 201
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/02/07-80004-023 61.25

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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.

SIGNATURE: *Thomas R. Carroll* SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 1/29/07 Daytime Phone # _____