

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 A**  
**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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**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3686551	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" 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

**DO NOT WRITE IN THIS SPACE**

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:  DATE: 1/8/08

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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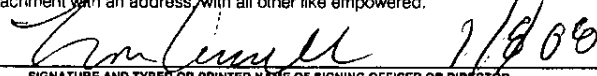
10. OFFICERS AND DIRECTORS

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	

**DO NOT WRITE IN THIS SPACE**

U00000779980  
 01/14/08-80004-001, 70.00

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:  DATE: 1/8/08 DAYTIME PHONE #: 904 260-1099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #