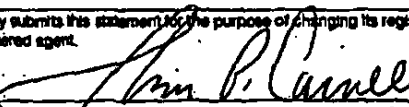


FILED
May 16, 2003 8:00 am
Secretary of State

04-04-2003 90085 042 ****70.00

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

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 4201 BAYMEADOWS RD JACKSONVILLE, FL 32217	
2. Principal Place of Business		3. Mailing Address 12412 San Jose Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 101	
City & State		City & State Jacksonville, FL	
Zip	Country	Zip	Country
32223	USA	32223	USA
4. FEI Number 59-388551		Applied For Not Applicable	
5. Certificate of Status Desired		\$5.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRABTREE, R.R. 877 SAN JOSE BLVD, BLDG A, STE 200 JACKSONVILLE, FL 32207			
7. Name and Address of New Registered Agent Name: Thomas P. Carroll, E.A. Street Address (P.O. Box Number is Not Acceptable) 12412-101 San Jose Blvd City: Jacksonville FL Zip Code: 32223			
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: 3/31/03			
FILE NOW: FEBRUSS01/03		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D President NAME: BRANIFF, MICHAEL STREET ADDRESS: 12412 SAN JOSE BLVD, STE 104 CITY-ST-ZIP: JACKSONVILLE, FL 32207		TITLE: ☐ Change ☐ Addition NAME: Tom Carroll STREET ADDRESS: 12412 San Jose Blvd, Suite 101 CITY-ST-ZIP: Jacksonville, FL 32223	
TITLE: D NAME: CAIENNE, LONNE STREET ADDRESS: 12412 SAN JOSE BLVD, STE 104 CITY-ST-ZIP: JACKSONVILLE, FL 32207		TITLE: D NAME: Treasurer STREET ADDRESS: 12412 San Jose Blvd, Suite 301 CITY-ST-ZIP: Jacksonville, FL 32223	
TITLE: D NAME: COLANERO, PATRICIA STREET ADDRESS: 12412 SAN JOSE BLVD, STE 104 CITY-ST-ZIP: JACKSONVILLE, FL 32207		TITLE: D NAME: Secretary STREET ADDRESS: 12412 San Jose Blvd, Suite 201 CITY-ST-ZIP: Jacksonville, FL 32223	
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
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:  DATE: 3/31/03		SIGNATURE:  DATE: 3/31/03	