

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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AND
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95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morman Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20204 (6)

1. Corporation Name
MANDARIN COMMUNITY CLUB, INC.

Principal Place of Business 12447 MANDARIN RD. JACKSONVILLE FL 32257 US	Mailing Address PO BOX 23172 JACKSONVILLE FL 32241-3172 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/17/1987	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2367544	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangibles tax under S. 199.002, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LISSKA, EMILY R
10404 SYLVAN LN W.
SUITE 2
JACKSONVILLE FL 32257**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address: (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Emily R. Lisska, president* *Emily R. Lisska* **4/29/95**

Signature type or printed name of registered agent and title of officer or director #2011 Registered Agent signature required when reappointing DATE

12. OFFICERS AND DIRECTORS

TITLE	BO
NAME	BO CARL D.
STREET ADDRESS	14647 HAMBICK PLACE
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	D
NAME	THEOILS, DOT
STREET ADDRESS	11847 LORETTO WOODS CT.
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	PD
NAME	LISSKA, EMILY
STREET ADDRESS	10404 SYLVAN LANE
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	SD
NAME	CULPEPPER, DON
STREET ADDRESS	11921 LITTLE CREEK LN
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	FD
NAME	FRONZ, R.A.C.
STREET ADDRESS	11027 MILL POND COURT
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	D
NAME	SOUTHWELL, MARY ANN
STREET ADDRESS	12380 MANDARIN RD.
CITY, ST, ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	V/D
13 STREET ADDRESS	MIKE GARVIN
14 CITY, ST, ZIP	9650 WHITTINGTON JACKSONVILLE, FL 32257
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	32223
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	32257
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	32223
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	T/D
53 STREET ADDRESS	Theresa Payton
54 CITY, ST, ZIP	12176 Banyan Tree Dr. Jacksonville, FL 32258
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	32223

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 the report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Emily R. Lisska* **Emily R. Lisska** **4/29/95** **(904) 268-0925**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE