
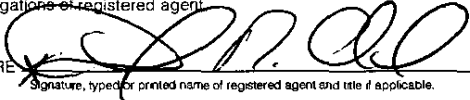



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90014 038 ****61.25

DOCUMENT # N20204					
1. Entity Name MANDARIN COMMUNITY CLUB, INC.					
Principal Place of Business 12447 MANDARIN RD. JACKSONVILLE, FL 32257 US			Mailing Address P.O. BOX 23172 JACKSONVILLE, FL 32241-3172		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GARVIN, MICHAEL J 9650 WHITTINGTON DR. JACKSONVILLE, FL 32257				Name DANIEL M. COPELAND Street Address (P.O. Box Number is Not Acceptable) 12444 MANDARIN ROAD 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 1/12/04	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, BRUCE		NAME	COPELAND, DANIEL M.	
STREET ADDRESS	13200 MANDARIN ROAD		STREET ADDRESS	12444 MANDARIN ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSWORTH, WILLIAM P DR		NAME		
STREET ADDRESS	12222 GOVERNORS DR, E		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	WANDA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOANCA, BOSWORTH		NAME		
STREET ADDRESS	12222 DIVSANDEZ DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARVIN, MICHAEL J		NAME		
STREET ADDRESS	9650 WHITTINGTON DR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32257		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JUNE F		NAME		
STREET ADDRESS	2956 EVERCHARM PL E		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULPEPPER, DONALD W		NAME		
STREET ADDRESS	11981 LITTLE CREEK ROAD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32223		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 1/12/04	
Signature and typed or printed name of signing officer or director				Date Daytime Phone #	