

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20204

FILED
Apr 02, 2007
Secretary of State

Entity Name: MANDARIN COMMUNITY CLUB, INC.

Current Principal Place of Business:

12447 MANDARIN RD.
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

Current Mailing Address:

12447 MANDARIN RD.
JACKSONVILLE, FL 32257 US

New Mailing Address:

FEI Number: 59-2367544 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COPELAND, DANIEL M
12447 MANDARIN ROAD
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOSWORTH, WANDA
Address: 12222 GOVERNOR'S DR E
City-St-Zip: JACKSONVILLE, FL 32223

Title: VP () Delete
Name: SCOTT, SUSIE
Address: 13200 MANDARIN RD.
City-St-Zip: JACKSONVILLE, FL 32223

Title: S () Delete
Name: WOLFE, BETTY
Address: 3345 RERWICK DR. S
City-St-Zip: JACKSONVILLE, FL 32257

Title: T () Delete
Name: GRACEY, ODILW
Address: 1652 RIVERGATE DR.
City-St-Zip: JACKSONVILLE, FL 32223

Title: D (X) Delete
Name: CUDA, LYNN
Address: 11509 SEDGEMOORE DR. N
City-St-Zip: JACKSONVILLE, FL 32223

Title: DIR (X) Delete
Name: DYER, CHARLIE
Address: 9463 BEAUCLERC OAKS DR.
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCOTT, SUSIE
Address: 13200 MANDARIN RD.
City-St-Zip: JACKSONVILLE, FL 32223

Title: VP (X) Change () Addition
Name: CORRADO, PAT
Address: 12709 MANDARIN RD.
City-St-Zip: JACKSONVILLE, FL 32223

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MOORE, PAUL
Address: 2098 ORANGE PICKER RD
City-St-Zip: JACKSONVILLE, FL 32223

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL MOORE

T

04/02/2007

Electronic Signature of Signing Officer or Director

_____ Date