


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

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04-23-2008 90031 039 ****96.25

DOCUMENT # N20204			
1. Entity Name MANDARIN COMMUNITY CLUB, INC.			
Principal Place of Business 12447 MANDARIN RD. JACKSONVILLE, FL 32257 US		Mailing Address 12447 MANDARIN RD. JACKSONVILLE, FL 32257 US	
2. Principal Place of Business - No P.O. Box #		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	
COPELAND, DANIEL M 12447 MANDARIN ROAD JACKSONVILLE, FL 32223		Name <i>Mark Cowart</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>11655 Brady Road</i>	
		or c/o <i>12447 Mandarin Road</i>	
		City <i>Jacksonville</i> FL Zip Code <i>32223</i>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, SUSIE	NAME	
STREET ADDRESS	13200 MANDARIN RD.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORRADO, PAT	NAME	
STREET ADDRESS	12709 MANDARIN RD.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFE, BETTY	NAME	
STREET ADDRESS	3345 RERWICK DR. S	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, PAUL	NAME	<i>Treasurer</i>
STREET ADDRESS	2098 ORANGE PICKER RD	STREET ADDRESS	<i>Bosworth, Wanda</i>
CITY-ST-ZIP	JACKSONVILLE, FL 32223	CITY-ST-ZIP	<i>12442 Governors Dr. E. Jacksonville, FL 32223</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Susie Scott</i>		Date: <i>1/20/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <i>904-880-1231</i>	
Susie Scott President			

ATTACHMENT

~~N/20204~~ 40078136

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Mandarin Community Club, Inc
2. The principal office address: 12447 Mandarin Road
Jacksonville, FL 32223
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1987 Document number: N/20204

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Daniel M. Copeland
12447 Mandarin Rd.
Jacksonville, FL 32223

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Mark Cowart
11655 Brady Rd.
(P.O. Box NOT acceptable)
Jacksonville, FL 32223

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Susie N. Scott
(Signature of an officer or director)

Susie N. Scott
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

X 4/17/08
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)