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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 28 PM 6:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33502 (8)

1. Corporation Name

MANDARIN PLACE NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12549 POND PLACE CT JACKSONVILLE FL 32223	12549 POND PLACE CT JACKSONVILLE FL 32223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/28/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2962852 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

JONES, ROBERT J.
12548 BRADY PLACE BLVD
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

81 Name: Banister, Debra A.
82 Street Address (P.O. Box Number is Not Acceptable): 12549 Pond Place Ct.
83
84 City: Jacksonville FL 85 Zip Code: 32223

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: Debra A. Banister — Debra A. Banister — 4/10/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	BANISTER, DEBRA A.	1.2 NAME		
STREET ADDRESS	12549 POND PL. CT.	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	BANISTER, EMORY A.	2.2 NAME		
STREET ADDRESS	12549 POND PL. CT.	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☑ Change ☐ Addition
NAME	JONES, BOB J.	3.2 NAME	Delete	
STREET ADDRESS	12548 BRADY PL. BLVD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☐ Change ☑ Addition
NAME		4.2 NAME	Robin Lawhorn	
STREET ADDRESS		4.3 STREET ADDRESS	14430 Pond Place Dr.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Jacksonville, Fla. 32223	
TITLE		5.1 TITLE	D	☐ Change ☑ Addition
NAME		5.2 NAME	Lorraine Cross	
STREET ADDRESS		5.3 STREET ADDRESS	14439 Pond Place Dr.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Jacksonville, Fla. 32223	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(i), 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 this 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: Debra A. Banister — Debra A. Banister — 4/10/95 — 904-346-4101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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