


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
08 APR 14 AM 7:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


DOCUMENT # N33502
1. Entity Name
MANDARIN PLACE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
**12572 BRADY PLACE BLVD.
JACKSONVILLE, FL 32223 US**

Mailing Address
**12572 BRADY PLACE BLVD.
JACKSONVILLE, FL 32223 US**

DO NOT WRITE IN THIS SPACE



04032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2962852	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**SMITH, KATHLEEN E
12615 BRADY PLACE BLVD.
JACKSONVILLE, FL 32223**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, KATHLEEN 12615 BRADY PLACE BLVD JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEBB, DAVID 12556 BRADY PLACE BLVD JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHTER, THOMAS 12675 BRADY PLACE BLVD JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCALLIE, JAMES 12566 BRADY PLACE CT JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SELBY, KAREN 12548 BRADY PLACE BLVD JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/16/08--01008--004 **61.25

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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: *Kathleen F. Smith* **Kathleen F. Smith** 4-3-08 904-553-1595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #