

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33502

FILED
Feb 14, 2009
Secretary of State

Entity Name: MANDARIN PLACE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

12572 BRADY PLACE BLVD.
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

12566 BRADY PLACE CT.
JACKSONVILLE, FL 32223 US

Current Mailing Address:

12572 BRADY PLACE BLVD.
JACKSONVILLE, FL 32223 US

New Mailing Address:

12566 BRADY PLACE CT.
JACKSONVILLE, FL 32223 US

FEI Number: 59-2962852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, KATHLEEN E
12615 BRADY PLACE BLVD.
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

MCCALLIE, SONJA Y
12566 BRADY PLACE CT.
JACKSONVILLE, FL 32223 US

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: SONJA MCCALLIE

02/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SMITH, KATHLEEN
Address: 12615 BRADY PLACE BLVD
City-St-Zip: JACKSONVILLE, FL 32223

Title: V () Delete
Name: WEBB, DAVID
Address: 12556 BRADY PLACE BLVD
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: RICHTER, THOMAS
Address: 12675 BRADY PLACE BLVD
City-St-Zip: JACKSONVILLE, FL 32223

Title: P () Delete
Name: MCCALLIE, JAMES
Address: 12566 BRADY PLACE CT
City-St-Zip: JACKSONVILLE, FL 32223

Title: S () Delete
Name: SELBY, KAREN
Address: 12548 BRADY PLACE BLVD
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: MCCALLIE, SONJA Y
Address: 12566 BRADY PLACE CT.
City-St-Zip: JACKSONVILLE, FL 32223

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

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

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 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: SONJA MCCALLIE

TD

02/14/2009

Electronic Signature of Signing Officer or Director

Date