

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000681

FILED  
Apr 07, 2005  
Secretary of State

Entity Name: MANDARIN GLEN OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 327795044 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 327795044 US

**New Mailing Address:**

FEI Number: 59-3226115      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT, INC.  
2180 W SR 434 STE 5000  
LONGWOOD, FL 327795044 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: PD ( ) Delete  
Name: STERN, MICHAEL  
Address: 11465 MANDARIN GLEN CIR EAST  
City-St-Zip: JACKSONVILLE, FL 32223

Title: VD ( ) Delete  
Name: ROPER, MARY  
Address: 11474 VIDALIA COURT  
City-St-Zip: JACKSONVILLE, FL 32223

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: THOMAS, BARBARA  
Address: 11477 VIDALIA CT  
City-St-Zip: JACKSONVILLE, FL 32223

Title: VPD (X) Change ( ) Addition  
Name: ALBERT, MARK  
Address: 11471 MANDARIN GLEN CIR W  
City-St-Zip: JACKSONVILLE, FL 32223

Title: STD ( ) Change (X) Addition  
Name: YORK, RON  
Address: 11494 MANDARIN GLEN CIR W  
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BARBARA THOMAS

PD

04/07/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date