

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90441 048 \*\*\*\*61.25

DOCUMENT # N94000000681

1. Entity Name  
 MANDARIN GLEN OWNERS ASSOCIATION, INC.



Principal Place of Business 2180 WEST SR 434 SUITE 5000  
 LONGWOOD, FL 32779-5044 US

Mailing Address 2180 WEST SR 434 SUITE 5000  
 LONGWOOD, FL 32779-5044 US

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2. Principal Place of Business - No P.O. Box #  
 11512 Lake Mead Avenue

3. Mailing Address  
 7643 Gate Parkway

04232007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc. Suite 405

Suite, Apt. #, etc. Suite 104, PMB 108

City & State Jacksonville, Florida

City & State Jacksonville, Florida

4. FEI Number 59-3226115 Applied For Not Applicable

Zip 32256 Country USA

Zip 32256 Country USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name Kim BALASHKOWICZ

Street Address (P.O. Box Number is Not Acceptable) 11512 Lake Mead Avenue

Suite 405

City Jacksonville FL Zip Code 32256

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 Kim Bzy DATE 4/23/07

Signature, typed or printed name of registered agent and applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution.  \$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	FD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, BARBARA	NAME	PD Phillips, Donna
STREET ADDRESS	11477 VIDALIA CT	STREET ADDRESS	11467 Mandarin Glen Circle W
CITY-ST-ZIP	JACKSONVILLE, FL 32223	CITY-ST-ZIP	Jacksonville, FL 32223
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALBERT, MARK	NAME	MacDonald, Kathleen
STREET ADDRESS	11471 MANDARIN GLEN CIR W	STREET ADDRESS	11470 Mandarin Glen Circle W
CITY-ST-ZIP	JACKSONVILLE, FL 32223	CITY-ST-ZIP	Jacksonville, FL 32223
TITLE	STD <input checked="" type="checkbox"/> Delete	TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIRCKETT, SIDNEY	NAME	Ludek, Iris
STREET ADDRESS	3338 MANDARIN GLEN DR	STREET ADDRESS	11488 Mandarin Glen Circle E
CITY-ST-ZIP	JACKSONVILLE, FL 32223	CITY-ST-ZIP	Jacksonville, FL 32223
TITLE	<input type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Carlson, Arlene
STREET ADDRESS		STREET ADDRESS	3358 Mandarin Glen Drive
CITY-ST-ZIP		CITY-ST-ZIP	Jacksonville, FL 32223
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: Donna Phillips DATE 4-25-07 DAYTIME PHONE # 9042625839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR