

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90261 028 ****61.25

DOCUMENT # N98000005649

1. Entity Name

MANDARIN PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O JAMES E. CLABAUGH
 201 GULF OF MEXICO DRIVE #6
 LONGBOAT KEY FL 34228
 US

C/O JAMES E. CLABAUGH
 201 GULF OF MEXICO DRIVE #6
 LONGBOAT KEY FL 34228
 US

2. Principal Place of Business

3. Mailing Address

303 S. Palm Ave
 Suite, Apt. #, etc.

303 S. Palm Ave
 Suite, Apt. #, etc.

City & State

City & State

Sarasota, FL

Sarasota, FL

4. FEI Number

65-0902881

Applied For

Not Applicable

Zip

Country

Zip

Country

34236 USA

34236 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

MCCULLOUGH, PAMELA A
303 S. PALM AVE
SARASOTA FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLABAUGH, JAMES E 201 GULF OF MEXICO DRIVE #6 LONGBOAT KEY FL 34228	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCULLOUGH, PAMELA A 201 GULF OF MEXICO DRIVE #6 LONGBOAT-KEY-FL 34228	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GIBSON, CHRISTINE M 201 GULF OF MEXICO DRIVE #6 LONGBOAT KEY FL 34228	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <i>Clabaugh, James E</i> <i>303 S. Palm Ave</i> <i>Sarasota, FL 34236</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <i>Mccullough, Pamela A</i> <i>303 S. Palm Ave</i> <i>Sarasota, FL 34236</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <i>Gibson, Christine M</i> <i>303 S. Palm Ave.</i> <i>Sarasota, FL 34236</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Christine M Gibson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/2001 9A1366-0A1A
 Date Daytime Phone #

Date Daytime Phone #

CR2E037 (10/00)