

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90050 012 ****61.25

DOCUMENT # N98000005649

1. Entity Name

MANDARIN PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**303 S PALM AVE
 SARASOTA FL 34236
 US**

**303 S PALM AVE
 SARASOTA FL 34236
 US**

2. Principal Place of Business

748 TAMMAM, TR
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 914
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

OSPREY, FL

City & State

OSPREY, FL 34229

4. FEI Number

65-0902881

Applied For

Not Applicable

Zip

34229

Country

USA

Zip

34229

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **WILLIAM SUTTON**
 Street Address (P.O. Box Number is Not Acceptable) **748 S. TAMMAM, TR**
 City **OSPREY** FL Zip Code **34229**

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 *William Sutton* **WILLIAM SUTTON** **3/25/02**
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

TITLE	ID	<input checked="" type="checkbox"/> Delete
NAME	CLABAUGH, JAMES E	
STREET ADDRESS	303 S PALM AVE	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MCCULLOUGH, PAMELA A	
STREET ADDRESS	303 S PALM AVE	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	GIBSON, CHRISTINE M	
STREET ADDRESS	303 S PALM AVE	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOE MUSCATELL	
STREET ADDRESS	1359 TEA ROSE PLACE	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORGE FERNANDEZ	
STREET ADDRESS	1344 TEA ROSE PLACE	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICIA REYNOLDS	
STREET ADDRESS	1217 HOLLY FERN LANE	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *William Sutton* **WILLIAM SUTTON** **3/25/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

04/02/02

CR2E037 (9/01)