

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90017 010 \*\*\*\*61.25

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|---|--|--|--|---|--|
| <b>DOCUMENT # N98000005649</b>  |  |  |  |   |  |
| <b>1. Entity Name</b><br>MANDARIN PARK HOMEOWNERS ASSOCIATION, INC.   |  |  |  |   |  |
| <b>Principal Place of Business</b><br>ALL FLORIDA SERVICES<br>2831 RINGLING BLVD SUITE 218F<br>SARASOTA, FL 34237-5334 US   |  |  | <b>Mailing Address</b><br>ALL FLORIDA SERVICES<br>2831 RINGLING BLVD SUITE 218F<br>SARASOTA, FL 34237-5334 US  |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b>  |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |   |  |
| City & State  |  | City & State   |  |   |  |
| Zip   | Country                                      | Zip  | Country  | <b>4. FEI Number</b><br>65-0902881                                |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |  |  | <b>\$8.75 Additional Fee Required</b>                             |  |
| <b>6. Name and Address of Current Registered Agent</b><br><del>PROGRESSIVE COMMUNITY MGMT, INC</del><br>ALL FLORIDA SERVICES<br>2831 RINGLING BLVD SUITE 218F<br>SARASOTA, FL 34237-5334  |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name: <b>All Florida Services, Inc</b><br>Street Address: <b>Community Association Mgmt.</b><br><b>2831 Ringling Blvd, #218F</b><br><b>Sarasota FL, 34237</b><br>City: <b>FL</b> Zip Code: |   |  |
| <b>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.</b>  |  |  |  |   |  |
| SIGNATURE: <u>Gerald Bishop</u> <i>ECAM Gerald Bishop All Fl. Serv.</i> <u>3/20/07.</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |  |  |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>   |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>                                |  |
| <b>Make check payable to Florida Department of State</b>  |  |  |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |  |
| <b>TITLE</b><br>PD  | <b>NAME</b><br>MUSCATELL, JOE                | <input type="checkbox"/> Delete  | <b>TITLE</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>STREET ADDRESS</b><br>2831 RINGLING BLVD SUITE 218F  | <b>CITY-ST-ZIP</b><br>SARASOTA, FL 342375334 |  | <b>NAME</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>STREET ADDRESS</b><br>2831 RINGLING BLVD SUITE 218F  | <b>CITY-ST-ZIP</b><br>SARASOTA, FL 342375334 |  | <b>NAME</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br>T   | <b>NAME</b><br>REYNOLDS, PATRICIA            | <input checked="" type="checkbox"/> Delete   | <b>NAME</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>STREET ADDRESS</b><br>2831 RINGLING BLVD SUITE 218F  | <b>CITY-ST-ZIP</b><br>SARASOTA, FL 342375334 |  | <b>STREET ADDRESS</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>STREET ADDRESS</b><br>1379 TEA ROSE PL.  | <b>CITY-ST-ZIP</b><br>SARASOTA, FL 34239     |  | <b>NAME</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br>D   | <b>NAME</b><br>FOURNIER, L.                  | <input type="checkbox"/> Delete  | <b>NAME</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>STREET ADDRESS</b><br>2831 BLVD SUITE 218F   | <b>CITY-ST-ZIP</b><br>SARASOTA, FL 342375334 |  | <b>STREET ADDRESS</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br>AT  | <b>NAME</b><br>RICHARDS, M.                  | <input type="checkbox"/> Delete  | <b>NAME</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>STREET ADDRESS</b><br>2831 RINGLING BLVD SUITE 218F  | <b>CITY-ST-ZIP</b><br>SARASOTA, FL 342375334 |  | <b>STREET ADDRESS</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>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.</b> |  |  |  |   |  |
| SIGNATURE: <u>M Richards</u> <i>M Richards</i> <u>3/20/07</u> <u>941 366-7466</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |  |  |   |  |