

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90020 043 ****61.25

DOCUMENT # N98000005649 1. Entity Name MANDARIN PARK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business ALL FLORIDA SERVICES 2831 RINGLING BLVD SUITE 218F SARASOTA, FL 34237-5334 US			Mailing Address ALL FLORIDA SERVICES 2831 RINGLING BLVD SUITE 218F SARASOTA, FL 34237-5334 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALL FLORIDA SERVICES COMMUNITY ASSOCIATION MGMT 2831 RINGLING BLVD SUITE 218F SARASOTA, FL 34237-5334				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUSCATELL, JOE		NAME		
STREET ADDRESS	2831 RINGLING BLVD SUITE 218F		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 342375334		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAZDER, THOMAS		NAME		
STREET ADDRESS	2831 RINGLING BLVD SUITE 218F		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 342375334		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOPERMAN, KAREL		NAME		
STREET ADDRESS	1379 TEA ROSE PL.		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34239		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOURNIER, L.		NAME		
STREET ADDRESS	2831 BLVD SUITE 218F		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 342375334		CITY - ST - ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARDS, M.		NAME		
STREET ADDRESS	2831 RINGLING BLVD SUITE 218F		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 342375334		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: <u>M Richards T</u>			2/68/08 941 366-7466		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		