

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90475 022 \*\*\*\*61.25

**DOCUMENT # N98000005649**

1. Entity Name  
**MANDARIN PARK HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

**748 TAMiami TR  
OSPReY FL 34229  
US**

Mailing Address

**PO BOX 914  
OSPReY FL 34229  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0902881**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SUTTON, WILLIAM  
% MANASOTA MGMT SERVICES  
748 S. TAMiami TrL  
OSPReY FL 34229**

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

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
VD	MUSCATELL, JOE	1359 TEA ROSE PL	SARASOTA FL 34236	<input type="checkbox"/>
PD	FERNANDEZ, JORGE	1344 TEA ROSE PL	SARASOTA FL 34236	<input checked="" type="checkbox"/>
STD	REYNOLDS, PATRICIA	1217 HOLLY FERN LN	SARASOTA FL 34239	<input type="checkbox"/>
VD	Thomas			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	muscatell, Joe	1359 Tea Rose PL	SARASOTA, FL 34236	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	Thomas Pazdee	1225 Holly Fern Lane	SARASOTA, FL 34236	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Karel Cooperman	1379 Tea Rose Pl.	SARASOTA, FL 34239	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Maurice Richards	1210 Holly Fern Lane	SARASOTA, FL 34239	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **SIGNATURE REQUIRED**

2/17/03

941-918-8483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)