

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000003601

**Entity Name:** MANDALAY COMMUNITY HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**640 E. STATE ROAD 434  
SUITE 3000  
LONGWOOD, FL 32750**Current Mailing Address:**640 E. STATE ROAD 434  
SUITE 3000  
LONGWOOD, FL 32750 US**FEI Number:** 30-0736712**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BONO, MICHAEL L  
640 E. STATE ROAD 434  
SUITE 3000  
LONGWOOD, FL 32750 US*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:** MICHAEL L BONO

03/17/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MIZE, JERRY  
Address 640 E. STATE ROAD 434  
SUITE 3000  
City-State-Zip: LONGWOOD FL 32750

Title VP  
Name EDSALL, STEVEN  
Address 640 E. STATE ROAD 434  
SUITE 3000  
City-State-Zip: LONGWOOD FL 32750

Title TREASURER  
Name MIDDLETON, TAMARA  
Address 640 E. STATE ROAD 434  
SUITE 3000  
City-State-Zip: LONGWOOD FL 32750

Title PRESIDENT  
Name FURRY, TIMOTHY  
Address 640 E. STATE ROAD 434  
SUITE 3000  
City-State-Zip: LONGWOOD FL 32750

Title SECRETARY  
Name WILLIAMS, LOTOYA  
Address 640 E. STATE ROAD 434  
SUITE 3000  
City-State-Zip: LONGWOOD FL 32750

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** TIMOTHY FURRY

03/17/2021

Electronic Signature of Signing Officer/Director Detail

Date