

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000005649

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

**Current Principal Place of Business:**

6622 SUPERIOR AVE  
SARASOTA, FL 34231

**FILED**  
**Jan 17, 2024**  
**Secretary of State**  
**7659515771CC**

**Current Mailing Address:**

6622 SUPERIOR AVE  
SUITE 2  
SARASOTA, FL 34231 US

**FEI Number: 65-0902881**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ONE SOURCE CORPORATION-FL  
6622 SUPERIOR AVE  
SUITE 2  
SARASOTA, FL 34231 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:** LISSETTE H

01/17/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CUPPY, JUDY  
Address        6622 SUPERIOR AVE  
City-State-Zip: SARASOTA FL 34231

Title            SECRETARY  
Name            FOURNIER, LILLIE  
Address        6622 SUPERIOR AVE  
                 SUITE 2  
City-State-Zip: SARASOTA FL 34231

Title            VP  
Name            JENSEN, ROBERT  
Address        6622 SUPERIOR AVE  
City-State-Zip: SARASOTA FL 34231

Title            OTHER  
Name            HERNANDEZ, LISSETTE  
Address        510 BAY ISLES ROAD  
                 SUITE 2  
City-State-Zip: LONGBOAT KEY FL 34228

Title            DIRECTOR  
Name            LYONS, RICHARD  
Address        6622 SUPERIOR AVE  
City-State-Zip: SARASOTA FL 34231

Title            DIRECTOR  
Name            ROWELL, ALLYSON  
Address        6622 SUPERIOR AVE  
City-State-Zip: SARASOTA FL 34231

Title            TREASURER  
Name            CUPPY, FRED  
Address        6622 SUPERIOR AVE  
City-State-Zip: SARASOTA FL 34231

*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:** LISSETTE HERNANDEZ

**AGENT**

01/17/2024

Electronic Signature of Signing Officer/Director Detail

Date