2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# 739132

Entity Name: LAKE MANDARIN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3345 FAIRBANKS GRANT RD N.
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 23714
JACKSONVILLE, FL 322413714

New Mailing Address:

FEI Number: 59-1911806 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOELL, BARBARA G
3345 FAIRBANKS GRANT RD N.
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	WOCHHOLZ, DOUGLAS	
Address:	11060 ORANGE CART WAY	
City-St-Zip:	JACKSONVILLE, FL 32223	
Title:	VP	( ) Delete
Name:	GAMBILL, STEVE	
Address:	3792 LAUREL GROVES	
City-St-Zip:	JACKSONVILLE, FL 32223	
Title:	D	( ) Delete
Name:	NISSEN, ART	
Address:	3519 PEERLESS DOCK CT.	
City-St-Zip:	JACKSONVILLE, FL 32223	
Title:	ST	( ) Delete
Name:	STANTON, KIMBERLY	
Address:	3208 THORN LANE	
City-St-Zip:	JACKSONVILLE, FL 32223	
Title:	D	(X) Delete
Name:	NOELL, BARBARA	
Address:	3345 FAIRBANKS GRANT RD N	
City-St-Zip:	JACKSONVILLE, FL 32223	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: D.S WOCHHOLZ PRES 04/28/2009
Electronic Signature of Signing Officer or Director — Date