

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739132

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**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 (X)**

**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  
Name: WOCHHOLZ, DOUGLAS  
Address: 11060 ORANGE CART WAY  
City-St-Zip: JACKSONVILLE, FL 32223

Title: VP  
Name: GAMBILL, STEVE  
Address: 3792 LAUREL GROVES  
City-St-Zip: JACKSONVILLE, FL 32223

Title: D  
Name: NISSEN, ART  
Address: 3519 PEERLESS DOCK CT.  
City-St-Zip: JACKSONVILLE, FL 32223

Title: ST  
Name: HOLDREN, SANDY  
Address: 3425 WAVERLY DOCK RD  
City-St-Zip: JACKSONVILLE, FL 32223

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: D.S. WOCHHOLZ

P

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date