# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 20, 2009**
**Secretary of State**

DOCUMENT# 766631

**Entity Name:** MANDARIN TRAILS COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

3824 OLDFIELD TR
JACKSONVILLE, FL 32223 US

**New Principal Place of Business:**

3899 OLDFIELD TR
JACKSONVILLE, FL 32223 US

**Current Mailing Address:**

3870 OLDFIELD TRAIL
JACKSONVILLE, FL 32223 US

**New Mailing Address:**

3899 OLDFIELD TR
JACKSONVILLE, FL 32223 US

**FEI Number: 59-2444315** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SAFER, ELIOT J.
10110 SAN JOSE BLVD
JACKSONVILLE, FL 32257 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: PD ( ) Delete
Name: MACDONALD, DANIEL E
Address: 3870 OLDFIELD TRAIL
City-St-Zip: JACKSONVILLE, FL 32223

Title: VD ( ) Delete
Name: MACDONALD, JEANNE
Address: 3870 OLDFIELD TRAIL
City-St-Zip: JACKSONVILLE, FL 32223

Title: TD ( ) Delete
Name: HUTCHERSON, KAREN
Address: 3899 OLDFIELD TRAIL
City-St-Zip: JACKSONVILLE, FL 32223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: HUTCHERSON, CHARLES H
Address: 3899 OLDFIELD TRAIL
City-St-Zip: JACKSONVILLE, FL 32223

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: CHARLES HUTCHERSON PD 01/20/2009
Electronic Signature of Signing Officer or Director Date