2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N04000011243

Entity Name: MANDALAY AT STONEBRIDGE COMMONS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6302 DUCADOS POINTE
ORLANDO, FL 32835 US

New Principal Place of Business:

Current Mailing Address:

6302 DUCADOS POINTE
ORLANDO, FL 32835 US

New Mailing Address:

FEI Number: 34-2027690 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE LAW OFFICES OFFICES OF JOHN L DIMASI,
801 N ORANGE AVENUE, #500
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

KATZMAN GARFINKEL, P.A.
1501 NORTHWEST 49TH STREET
SUITE 202
FORT LAUDERDALE, FL 33309 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: LEIGH C. KATZMAN, ESQ., 03/16/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DRAKULIC, GARY
Address: 6354 MIRAMONTE DR #105
City-St-Zip: ORLANDO, FL 32835

Title: V ( ) Delete
Name: COWART, WADE
Address: 6397 MIRAMONTE DR #102
City-St-Zip: ORLANDO, FL 32835

Title: D ( ) Delete
Name: ALLEN, ROBERT
Address: 2931 METRO SEVILLA DRIVE, #106
City-St-Zip: ORLANDO, FL 32835

Title: D ( ) Delete
Name: CALDERALE, JOHN
Address: 6372 SAN LAZARO CT., #106
City-St-Zip: ORLANDO, FL 32835

Title: ST ( ) Delete
Name: MURTHA, PETER
Address: 6301 MIRAMONTE DR #106
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DRAKULIC, GARY
Address: 6354 MIRAMONTE DR #105
City-St-Zip: ORLANDO, FL 32835

Title: VP (X) Change ( ) Addition
Name: COWART, WADE
Address: 6397 MIRAMONTE DR #102
City-St-Zip: ORLANDO, FL 32835

Title: P (X) Change ( ) Addition
Name: ALLEN, ROBERT
Address: 2931 METRO SEVILLA DRIVE, #106
City-St-Zip: ORLANDO, FL 32835

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: BOB ALLEN P 03/16/2009
Electronic Signature of Signing Officer or Director — Date