

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90214 011 ****61.25

DOCUMENT # N04681

1. Entity Name
LAKE MANDARIN VILLAS OWNERS ASSOCIATION, INC.



Principal Place of Business
3455 CATAMARAN WAY
JACKSONVILLE, FL 32223

Mailing Address
C/O BMI
6015 MORROW ST., E., # 107
JACKSONVILLE, FL 32217 US

90100079



04302008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2875778	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BANNING MANAGEMENT, INC.
6015 MORROW ST., E., # 107
JACKSONVILLE, FL 32217

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

R Scott Sullivan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	FOXALL, DAVID R Tony Chiaravolotti
STREET ADDRESS	11312 CONCH COURT
CITY - ST - ZIP	JACKSONVILLE, FL 32223

TITLE	VD
NAME	WALKER, CAROL
STREET ADDRESS	11325 COUNCH COURT
CITY - ST - ZIP	JACKSONVILLE, FL 32223

TITLE	PD
NAME	JOSEPH, ROGERS
STREET ADDRESS	3455 CATAMARAN WAY
CITY - ST - ZIP	JACKSONVILLE, FL 32223

TITLE	SEC
NAME	RUNDLE, STAN
STREET ADDRESS	11175 LAKE MANDARIN CIRCLE W
CITY - ST - ZIP	JACKSONVILLE, FL 32223

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rogers, Joseph, PD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08
Date

904.730.7071
Daytime Phone #