## **2008 NOT-FOR-PROFIT CORPORATION**

## **FILED** Mar 25, 2008 8:00 am Secretary of State 03-25-2008 90014 005 \*\*\*\*61.25

## **ANNUAL REPORT**

Mailing Address STS S WICKHAM ROAD WEST MELBOURNE, FL 32904  2. Principal Place of Business - No P.O. Box if 3. Marling Address Street Melbourne, FL 32904  2. Principal Place of Business - No P.O. Box if 3. Marling Address Street Melbourne, FL 32904  2. Principal Place of Business - No P.O. Box if 3. Marling Address Street Melbourne, FL 32904  2. Principal Place of Business - No P.O. Box if 3. Marling Address Street Melbourne, FL 32904  2. Principal Place of Business - No P.O. Box if 3. Marling Address Street Melbourne, FL 32904  2. Principal Place of Business - No P.O. Box if 3. Marling Address Street Melbourne, FL 32904  2. Principal Place of Business - No P.O. Box if 3. Marling Address Street Melbourne, FL 32904  2. Principal Place of Business - No P.O. Box if 3. Marling Address Street Melbourne, FL 32904  2. Principal Place of Business - No P.O. Box if 3. Marling Address Street Melbourne, FL 32904  2. Principal Place of Business - No P.O. Box in Marling Address Street Address S	DOCUMENT # N05000003281  1. Entity Name MANDALAY GROVE COMMUNITY ASSOCIATION, INC.							03-23-20	08 90014 <b>5</b> 1!		
Suite, Apt. #. etc.    Suite, Apt. #. etc.   Suite   City & State   City & City & State   City &	575 S WICKHAM ROAD 575 S WICKHAM ROAD				32904			(B)			
City & State    City & State   City & City & State   City & Cit	2. Principal Place of Business - No P.O. Box # 3. M		3. Mailing A	. Mailing Address							
Zip Country Zip Country S. Country S. Corificate of Status Desired S8.75 Additional Fee Name and Address of Current Registered Agent	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01112008	Chg-NP	CR2E0	37 (12/06)		
S. Cardificate of Status Desired   For Newquiend   For Newquie	City & State		City & State								· · · · · · · · · · · · · · · · · · ·
CLARK, COY A 575 S WCKHAM ROAD WEST MELBOURNE, FL 32904  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNA	Zip				Country		5. Certificate of	of Status Desired			
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  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  FITING Foe is \$64.25  Due by May 1, 2008  9. Election Campaign Financing Trust Fund Contribution.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  CITYST-2P  WEST MELBOURNE, FL 32904  CITYST-2P  WEST MELBOURNE, FL 32904  TITLE  SD  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  CITYST-2P  WEST MELBOURNE, FL 32904  TITLE  SD  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  MAKE SIREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-2P  WEST MELBOURNE, FL 32904  TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  MAKE SIREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-2P  WEST MELBOURNE, FL 32904  TITLE  ADDRESS  STREET ADDRESS  CITY-ST-2P  WEST MELBOURNE, FL 32904  TITLE  ADDRESS  CITY-ST-2P  WEST MELBOURNE, FL 32904  TITLE  ADDRESS  CITY-ST-2P  T		6. Name and Address of Current F	Registered Ag	jent			7. Name and	Address of New	Registered .	Agent	
Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  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 Floride. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SUBMANUME  SUBMANUME  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  CLARK, COY A  SIRET AUDRESS  STOP S WINCKHAM ROAD  CLARK, COY A  SIRET AUDRESS  STOP S WINCKHAM ROAD  CITY-SI-2P  TITLE  TO Delete  TITLE  TO DELETE AUDRESS  STOPS	CLARK C	OY A			Name						
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    Symbol or private rame of inglistered agent and stole a policiable   (NOTE: Registered Agent signature required when remeating)   OATE	575 S WICKHAM ROAD				Street A	Address (f	O. Box Number	r is Not Acceptat	ole)	,	
SIGNATURE    Signature, typed or private name of inginatered agent and site if apoccode.   (MOTE Registered Agent signature required when renatating)   CATE		,			City				FL	Zip Cod	de .
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TITLE		Signature, typed or printed name of registered agent as	nd title if applicable	(NOTE: F	Registered Agent signal	lure required	when reinstating)		DATE		
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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 discorded 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: