

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08754

FILED
Mar 13, 2007
Secretary of State

Entity Name: SOUTHERN VILLAS OF MANDARIN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-2528100

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434, STE 5000
LONGWOOD, FL 32779 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: RAUCO, RUDOLPH
Address: 10879 CABBAGE POND CT
City-St-Zip: JACKSONVILLE, FL 32257

Title: VPD () Delete
Name: JONES, JENNIFER
Address: 11087 WANDERING OAKS DR
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: MICHAUD, PAULA
Address: 11074 WANDERING OAKS DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title: TD () Delete
Name: SPENCER, MICHAEL
Address: 10870 CABBAGE POND DR
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: DUFF, MARY
Address: 4591 WANDERING OAKS CT
City-St-Zip: JACKSONVILLE, FL 32257

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD () Change (X) Addition
Name: SCHMITKE, DARLA-RAE
Address: 4566 CABBAGE POND DR
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the 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: RUDOLPH RAUCO

PD

03/13/2007

Electronic Signature of Signing Officer or Director

Date