

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N10096

(8)

95 MAR 13 AM 11:19

1. Corporation Name

MANDARIN GLEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

6015 MORROW STREET E., #211
JACKSONVILLE FL 32207

Mailing Address

6015 MORROW STREET E., #211
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1985

3a. Date of Last Report

03/15/1994

4. FEI Number

75-1823810

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

TERENCE K. BANNING
6015 MORROW STREET E., #211
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

3-3-95

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME STEMPLE, STEPHEN
STREET ADDRESS 3270 RICKY DR., SUITE 902
CITY-ST-ZIP JACKSONVILLE FL

TITLE VDP
NAME HOOD, LYNN
STREET ADDRESS 3270 RICKY DR., SUITE 203
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD
NAME NORRIS, ANNE
STREET ADDRESS 3270 RICKY DRIVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD
NAME HEALY, ROSE
STREET ADDRESS 3270 RICKY DR., SUITE 1603
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD
NAME PARRAMORE, BONNIE
STREET ADDRESS 3270 RICKY DR., SUITE 702
CITY-ST-ZIP JACKSONVILLE FL

TITLE D
NAME WILSON, FRED
STREET ADDRESS 3270 RICKY DR., SUITE 603
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lynn Hood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/95 730-7071