

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N10096 (8)
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



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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	75-1823810	07/08/1985
22 City & State	27 City & State	5. Certificate of Status Desired	3b. Date of Last Report
23 Zip	28 Zip	☐ \$8.75 Additional Fee Required	03/13/1995
24 Country	29 Country	6. Election Campaign Financing	3c. Date of Last Report
	30 Country	Trust Fund Contribution	03/13/1995
		☐ \$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
		☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TERENCE K. BANNING 6015 MORROW STREET E., #211 JACKSONVILLE FL 32217	81 Name Cathryn D. Winterfield, CAM, CPM 82 Street Address (P.O. Box Number is Not Acceptable) 2980 Hartley Rd. W. Ste. #4 83 84 City Jacksonville FL 85 Zip Code 32257

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0506, Florida Statutes.

SIGNATURE *Cathryn D. Winterfield* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD NAME STEMPLE, STEPHEN STREET ADDRESS 3270 RICKY DR., SUITE 902 CITY-ST-ZIP JACKSONVILLE FL	1.1 TITLE 1.1 S ☒ Change ☐ Addition
TITLE VDP NAME HOOD, LYNN STREET ADDRESS 3270 RICKY DR., SUITE 203 CITY-ST-ZIP JACKSONVILLE FL	2.1 P ☐ Change ☒ Addition 2.2 Tony Blunny 2.3 3270 Ricky Dr. # 2004 2.4 Jacksonville, FL
TITLE SD NAME NORRIS, ANNE STREET ADDRESS 3270 RICKY DRIVE CITY-ST-ZIP JACKSONVILLE FL	3.1 VP ☐ Change ☒ Addition 3.2 Wayne Hawkins 3.3 3270 Ricky Dr. # 3720 3.4 Jacksonville, FL
TITLE SD NAME HEALY, ROSE STREET ADDRESS 3270 RICKY DR., SUITE 1803 CITY-ST-ZIP JACKSONVILLE FL	4.1 D ☐ Change ☒ Addition 4.2 Nick Gattuso 4.3 3720 Ricky Dr. # 904 4.4 Jacksonville, FL
TITLE TD NAME PARRAMORE, BONNIE STREET ADDRESS 3270 RICKY DR., SUITE 702 CITY-ST-ZIP JACKSONVILLE FL	5.1 TD ☐ Change ☒ Addition 5.2 Jacob Frick 5.3 3270 Ricky Dr. # 1302 5.4 Jacksonville, FL
TITLE D NAME WILSON, FRED STREET ADDRESS 3270 RICKY DR., SUITE 603 CITY-ST-ZIP JACKSONVILLE FL	6.1 D ☐ Change ☒ Addition 6.2 Harry Haronian 6.3 3720 Ricky Dr. # 2001 6.4 Jacksonville

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)(k), 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: *Janet L. Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-96

Date

Daytime Phone #

CS 5/1/96

CR2E037 (12/95)