FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

FILED
Mar 26 1998 8:00am
Secretary of State

MANDARIN GLEN CONDOMINIUM ASSOCIATION, INC.					
Principal Place	e of Business	Mailing Address			
2980 HARTLEY RD WEST STE 4 JACKSONVILLE FL 32257		2180 W SR 434 STE 5000 LONGWOOD FL 32779-5044		3. Date Incorporated or Qualified 07/08/1985 4. FEI Number Applied For	
2. Principal P	lace of Business	2a. Mailing Address		59-2564623 Not Applicable	
21		26		6. Certificate of Status Desired S8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be	
22		27		Trust Fund Contribution Added to Fees	
City & State		City & State		7. Is this nonprofit corporation a homeowners association?	
Zip Country		26 Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25	29 3	_ '	Personal Property Tax due June 30. Yes XX No	
	9. Name and Address of Currer		1.1	10. Name and Address of New Registered Agent	
			81 Name	JAMES W. HART, JR.	
	FIELD, CATHRYN D CAM CPM		82 Street Ad	idress (P.O. Box Number is Not Acceptable)	
2980 HARTLEY RD W STE.#4			83	SENTRY MANAGEMENT, INC.	
JACKSO	NVILLE FL 32257		83	2180 WEST SR 434, SUITE 5000	
			84 City	LONGWOOD FL 85 3 27 79 de	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 Segtion 617.0503, Florida Statutes.					
SIGNATURE .	Signature, typed or printed name of registered ap-		Registered Agent algorature rec	quired when reinstating) DATE	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	☐ DELETE	1.1 TITLE	PD X Change Addition	
NAME	HAWKINS, NANCY		1.2 NAME		
STREET ADDRESS	3270 RICKY DR.#2301		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	JACKSONVILLE FL D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	☐ Change ☐ Addition	
NAME	BLUNNY, TONY		2.2 NAME	· — · · —	
STREET ADDRESS	3720 RICKY DR., SUITE 2004	1	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME	NORRIS, TOM		3.2 NAME		
STREET ADDRESS	3270 RICKY DR #1001		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	1 60.00	3.4. CITY-ST-ZIP	A	
TITLE	D CHOICE BORESTA	☐ DELETE	4.1 TITLE	Change Addition	
NAME	SHOUSE, ROBERTA		4. 2 NAME		
STREET ADDRESS	3270 RICKY DR #1803		4.3 STREET ADDRESS		
TITLE	JACKSONVILLE FL	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	D Change X Addition	
HAME		- Steer		STEMPLE, DOROTHY	
STREET ADDRESS			5.3 STREET ADDRESS	3270 RICKY DR #902	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE		DELETE	6.1 TITLE	D Change X Addition	
NAME			6.2 NAME	GOTTUSO, NICK	
STREET ADDRESS				3270 RIČKY DR #904	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	JACKSONVILLE FL 32223	

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Informatio 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.

NANCY HAWKINS

3/3/88

368-27333