NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N10096

1. Corporation Name

MANDARIN GLEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 2980 HARTLEY RD WEST STE 4 JACKSONVILLE FL 32257

Mailing Address

2180 W SR 434 STE 5000

LONGWOOD FL 32779-5044

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90242 030 ****61.25



2.	Principal P	Place of Business	2a. Mailing Address				Date Incorporated or Qualifed				
21			26				07/08/1985				
	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number		Applied For		
22			27				59-2564623		Not Applicable		
	City & State City & State						5. Certifcate of Status Desired	\$8.	75 Additional		
23		28					o. Certificate of Status Desired	Fe	e Required		
	Zip	Country	Zip	Coun	try		6. Election Campaign Financing	\$5	.00 May Be		
24		25	25 29 30				Trust Fund Contribution Added to Fees				
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
						Name					
HART, JAMES W JR						82 Street Address (P.O. Box Number is Not Acceptable)					
SENTRY MANAGEMENT INC											
2180 W SR 434 SUITE 5000					33				<u> </u>		
LONGWOOD FL 32779					34	City		05	Zip Code		
					-	City	FL	85	Zip Code		
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											
1	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 Japanar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
SIGNATURE Signature, typed or printed name of egintered agent and title it approache. (NUTE: Registered Agent							od when reinstating) DATE		·/		
12.		OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRE			
∫ππ∟	E	PD DELETE		/// ····		_	עקי	Cha	ange XXAddition		
NAM	HAWKINS, NANCY			1.2 NAM		B	BARTUSH, ANN				
STR	EET ADDRESS	3270 RICKY DR.#2301		1.3 STR	EETA	DORESS 3	3270 RICKY DR #2304		ļ		
CITY	-S1-ZIP	ST-ZIP JACKSONVILLE FL 1.4			-ST-2	zie J	ACKSONVILLE FL 32223				
ÍΠ	E	D DELETE 2.		2.1 TITLE	2.1 TITLE		SD .	Cha	nge XXAddition		
NAM	E (BLUNNY, TONY		2.2 NAM	Ε	l F	RICK II, JACOB		,		
STR	EET ADDRESS	3720 RICKY DR., SUITE 2004		2.3 STRE	EETA	_			i		
cm	-ST-ZIP	JACKSONVILLE FL		2, 4 CITY	/- ST-	zip J	J270 RICKY DR #1302 ACKSONVILLE FL 32223				
TITL	E	TD	☐ DELETE	3.1 TITLE	=	Q·		Y Y Cha	inge Addition		
NAM	ie	NORRIS, TOM		3.2 NAM	E				ĺ		
STR	EET ADDRESS	3270 RICKY DR #1001	•	3.3 STR	EETA	DORESS	•		}		
CITY	-ST-ZIP	JACKSONVILLE FL		3.4. CITY	-ST-	ZiP :			i		
TITL		D	X XXDELETE	4.1 TITLE	_		D	Cha	nge XXAddition		
NAM	ie (SHOUSE, ROBERTA		4. 2 NAM	Æ	Ś	SHOUSE, DALE				
i	EET ADDRESS	3270 RICKY DR #1803		4.3 STRE			270 RICKY DR #1803		ļ		
)	-ST-ZIP	JACKSONVILLE FL		4.4 CITY			ACKSONVILLE FL 32223)		
TITL		D	XXDELETE	5.1 TITLE				Cha	nge Addition		
NAM	E	STEMPLE, DOROTHY		5.2 NAMI	E	5	CHLESSINGER, CHERYL	_			
STR	EET ADDRESS	3270 RICKY RD.SUITE 902		5.3 STRE	ET A	ODRESS 3	270 RICKY DR #1504		Ì		
l	-ST-ZIP	JACKSONVILLE FL 32223		5.4 CITY	-31-2		ACKSONVILLE FL 32223		Ţ.		
TITL		D	☐ DELETE	6.1 TITLE		T D		☐ Cha	nge XXAddition		
NAM	ſ	GOTTUSO, NICK		6.2 NAMI	E	(-	SIROTKIN, IRENE	_	- 111		
1	ET ADDRESS	3270 RICKY DR SUITE 904		6.3 STRE	ET AL				Į.		
İ	-ST-ZIP	JACKSONVILLE FL 32223		6.4 CrTY-	-ST-2	ar IJ	ACKSONVILLE FL ²³ 02 ACKSONVILLE FL ²³ 2223				

14. I hereby 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 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, with all other like empowered.

SIGNATURE: