

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10096

FILED
Apr 26, 2005
Secretary of State

Entity Name: MANDARIN GLEN CONDOMINIUM 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: 59-2564623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES K JR
SENTRY MANAGEMENT INC
2180 W SR 434 SUITE 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: MACKOUL, DORI
Address: 3270 RICKY DR #901
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: BLUNNY, TONY
Address: 3720 RICKY DR., SUITE 2004
City-St-Zip: JACKSONVILLE, FL 32223

Title: VPD (X) Delete
Name: COLLINS, MARILYN
Address: 3270 RICKY DR. #601
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD () Delete
Name: SEYMOUR, BETTY
Address: 3270 RICKY DR. #1602
City-St-Zip: JACKSONVILLE, FL 32223

Title: TD () Delete
Name: SHOUSE, ROBERTA
Address: 12279 COBBLE FIELD CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32224

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: D (X) Change () Addition
Name: SEYMOUR, BETTY
Address: 3270 RICKY DR. #1602
City-St-Zip: JACKSONVILLE, FL 32223

Title: TD (X) Change () Addition
Name: CLARK, JIM
Address: 350 S HAMPTON CLUBWAY
City-St-Zip: ST AUGUSTINE, FL 32092

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DORI MACKOUL

PD

04/26/2005

Electronic Signature of Signing Officer or Director

Date