2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10096

FILED Mar 13, 2007 Secretary of State

Entity Name: MANDARIN GLEN CONDOMINIUM ASSOCIATION, INC.

New Principal Place of Business: Current Principal Place of Business:

2180 W SR 434 STE 5000

LONGWOOD, FL 32779

New Mailing Address: Current Mailing Address:

2180 W SR 434 STE 5000 LONGWOOD, FL 32779

FEI Number: 59-2564623 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HART, JAMES K JR SENTRY MANAGEMENT INC 2180 W SR 434 SUITE 5000 LONGWOOD, FL 32779 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete MACKOUL, DORI Name: 3270 RICKY DR #901 Address:

City-St-Zip: JACKSONVILLE, FL 32223

Title: VPD () Delete BLUNNY, TONY Name:

Address: 3720 RICKY DR., SUITE 2004 City-St-Zip: JACKSONVILLE, FL 32223

Title: () Delete SEYMOUR, BETTI Name:

3270 RICKY DR. #1602 Address: City-St-Zip: JACKSONVILLE, FL 32223

Title: TD () Delete Name: CLARK, JIM

350 S HAMPTON CLUBWAY Address: City-St-Zip: ST AUGUSTINE, FL 32092

Title: () Delete MEYER, DAN Name:

1200 TULIP ST Address: City-St-Zip: ATLANTIC BEACH, FL 32233

(X) Change () Addition

MACKOUL, DORI Name:

Address: 1832 GRASSINGTON WAY N City-St-Zip: JACKSONVILLE, FL 32223

Title: SD (X) Change () Addition

Name: BLUNNY, TONY Address: 3720 RICKY DR #2004 City-St-Zip: JACKSONVILLE, FL 32223

Title: () Change () Addition

Name: Address: City-St-Zip:

Title: TD (X) Change () Addition

Name: CLARK, JIM

1008 WEST DORCHESTER DR Address: City-St-Zip: JACKSONVILLE, FL 32259

Title: (X) Change () Addition

MILEA, DAVID Name:

3270 RICKY DR #1402 Address: JACKSONVILLE, FL 32233 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 03/13/2007