# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 25, 2008 8:00 am**
**Secretary of State**
04-25-2008 90116 048 ****61.25

DOCUMENT # N10096

1. Entity Name
MANDARIN GLEN CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2180 W SR 434<br>STE 5000<br>LONGWOOD, FL 32779 | 2180 W SR 434<br>STE 5000<br>LONGWOOD, FL 32779 |

04102008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 11512 Lake Mead Avenue | 7643 Gate Parkway |
| Suite, Apt. #, etc.: Suite 405 | Suite, Apt. #, etc.: Suite 104 PMB188 |
| City & State: Jacksonville, Florida | City & State: Jacksonville, Florida |
| Zip: 32256 Country: USA | Zip: 32256 Country: USA |

4. FEI Number 59-2564623 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

BALASKIEWICZ, KIM
MADISON PROPERTY MANAGEMENT SOLUTIONS LLC
11512 LAKE MEAD AVE, ~~ST. 5000~~
~~LONGWOOD, FL 32779~~
See above

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Kim Balaskiewicz 4-10-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MACKOUL, DORI<br>1832 GRASSINGTON WAY N<br>JACKSONVILLE, FL 32223 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>Marcy Fisher<br>3270 Ricky Drive # 1304<br>Jacksonville, Florida 32223 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>BLUNNY, TONY<br>3720 RICKY DR #2004<br>JACKSONVILLE, FL 32223 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Ray Arroyo<br>3270 Ricky Drive # 502<br>Jacksonville, Florida 32223 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SEYMOUR, BETTI<br>3270 RICKY DR. #1602<br>JACKSONVILLE, FL 32223 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>Daniel Meyer<br>1200 Tulip Street<br>Atlantic Beach, Florida 32233 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>CLARK, JIM<br>1008 WEST DORCHESTER DR<br>JACKSONVILLE, FL 32259 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Leona Carver<br>3270 Ricky Drive # 1301<br>Jacksonville, Florida 32223 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>MILEA, DAVID<br>3270 RICKY DR #1402<br>JACKSONVILLE, FL 32233 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Barbara McClure<br>3270 Ricky Drive # 2304<br>Jacksonville, Florida 32223 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Kim Balaskiewicz PROPERTY MGR 4-10-08 904-641-1858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #