

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10522

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** VILLAGES OF MANDARIN OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

SIGNATURE REALTY  
4003 HARTLEY RD.  
JACKSONVILLE, FL 32257 US

**New Principal Place of Business:**

**Current Mailing Address:**

SIGNATURE REALTY  
4003 HARTLEY RD.  
JACKSONVILLE, FL 32257 US

**New Mailing Address:**

**FEI Number:** 59-2564627

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CANTRELL, BRYAN  
C/O SIGNATURE REALTY & MGMT.  
4003 HARTLEY RD.  
JACKSONVILLE, FL 32257 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: DEUSCHEL, ELEANOR  
Address: 3085 FALCONER DR  
City-St-Zip: JACKSONVILLE, FL 32223

Title: VD ( ) Delete  
Name: HUGHES, ROGER  
Address: 3074 FALCONER DR.  
City-St-Zip: JACKSONVILLE, FL 32223

Title: TD ( ) Delete  
Name: ELDRIDGE, TERRY  
Address: 11427 SQUARE WAY LN  
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD ( ) Delete  
Name: COOK, CATHY  
Address: 3135 FALCONER DR  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete  
Name: PULEO, TRACY  
Address: 3107 FALCONER DR.  
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete  
Name: DARDIN, DEBRA  
Address: 3126 FALCONER DR.  
City-St-Zip: JACKSONVILLE, FL 32223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: DEUSCHEL, ELEANOR  
Address: 3085 FALCONER DR  
City-St-Zip: JACKSONVILLE, FL 32223

Title: D (X) Change ( ) Addition  
Name: BOUFFARD, VALERIE  
Address: 11435 SQUIRE WAY LANE  
City-St-Zip: JACKSONVILLE, FL 32223

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: PULEO, TRACY  
Address: 3107 FALCONER DR.  
City-St-Zip: JACKSONVILLE, FL 32223

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TRACY PULEO

PD

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date