



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90080 014 ****61.25

DOCUMENT # N11598 1. Entity Name MANDARIN LAKES ASSOCIATION, INC.					
Principal Place of Business PO BOX 340262 TAMPA, FL 33694			Mailing Address PO BOX 340262 TAMPA, FL 33694		
2. Principal Place of Business - No P.O. Box # 15124 Willowdale Rd.		3. Mailing Address Suite, Apt. #, etc.			
City & State Tampa, FL		City & State Suite, Apt. #, etc.		04092007 Chg-NP CR2E037 (12/06)	
Zip 33625		Country USA		4. FEI Number 59-2644199	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PALMER, KERI 5821 SILVER MOON AVE TAMPA, FL 33625-1940			7. Name and Address of New Registered Agent Name Wakefield, Bonnie Street Address (P.O. Box Number is Not Acceptable) 5825 Bitter Orange Ave. City Tampa FL Zip Code 33625		
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 Bonnie Wakefield DATE 4-5-2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARRERO, KAREN <input checked="" type="checkbox"/> Delete 5812 KUMQUATA CT TAMPA, FL 336251940				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FARLINI, ANNIE <input checked="" type="checkbox"/> Delete 5808 BITTER ORANAGE AVE TAMPA, FL 336251940				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MICHAUD, TIFFANY <input type="checkbox"/> Delete 15108 WILLOWDALE RD TAMPA, FL 336251940				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mortensen, David <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 15124 Willowdale Rd. Tampa, FL 33625				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Michaud, Tiffany <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15108 Willowdale Rd. Tampa, FL 33625				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Wakefield, Bonnie <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5825 Bitter Orange Ave. Tampa, FL 33625				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Oldfield, Deborah <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5830 Silver Moon Ave Tampa, FL 33625				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Bonnie Wakefield Bonnie Wakefield 4-5-2007 (813) 961-9363 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					