2008 NOT-FOR-PROFIT CORPORATION

Feb 14, 2008 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # N11598 02-14-2008 90024 031 ****61.25 1. Entity Name MANDARIN LAKES ASSOCIATION, INC. Principal Place of Business Mailing Address PO BOX 340262 15124 WILLOWDALE RD **TAMPA, FL 33625** TAMPA, FL 33694 2. Principal Place of Business - No P.O. Box # 15124 Willowdale Rd Mailing Address 0 BDX 340262 Suite, Apt. #. etc. Suite, Apt. #, etc 02102008 Cha-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 59-2644199 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent avid Mortensen WAKEFIELD, BONNIE **5825 BITTER ORANGE AVE** Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33625-1940 Willowdale Rd 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 lamiliar with, and accept the obligations of registered age SIGNATURE: Signature, typed or prigted (NOTE: Registered Agent signature required when rein Filling Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE ☐ Addition ☐ Change MORTENSEN, DAVID NAME MALE 15124 WILLOWDALE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 336251940 CITY-ST-ZIP Debbac Gross TILE Delete TITLE Change **☑** Addition WAKEFIELD, BONN!E NAME 5907 Slivermoon Ale NAME STREET ADDRESS **5825 BITTER ORANGE AVE** STREET ADDRESS Tampa, F1 33625 CITY-ST-7IP TAMPA, FL 336251940 CITY-ST-ZIP TITLE ☐ Delete TTL F ☐ Change ☐ Addition MICHAUD, TIFFANY NAME NAME STREET ADDRESS 15108 WILLOWDALE RD STREET ADDRESS CITY-ST-ZIF TAMPA, FL 336251940 CITY-ST-ZIP TITLE Delete TITLE ☐ 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.

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OLDFIELD, DEBORAH

TAMPA, FL 33625

5830 SILVER MOON AVE

2-11-08

☐ Change

☐ Change

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☐ Addition

FILED