2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2009
Secretary of State

DOCUMENT# N11598

Entity Name: MANDARIN LAKES ASSOCIATION, INC.

Current Principal Place of Business:

15124 WILLOWDALE RD
TAMPA, FL 33625

New Principal Place of Business:

15129 WILLOWDALE RD
TAMPA, FL 33625

Current Mailing Address:

PO BOX 340262
TAMPA, FL 33694

New Mailing Address:

FEI Number: 59-2644199 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MORTENSEN, DAVID
15124 WILLOWDALE RD
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

LAVETT, MARC
15129 WILLOWDALE RD
TAMPA, FL 33625 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: MARC LAVETT 08/04/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MORTENSEN, DAVID
Address: 15124 WILLOWDALE RD
City-St-Zip: TAMPA, FL 336251940

Title: TD ( ) Delete
Name: GROSS, DEBBIE
Address: 5807 SILVERMOON AVEV
City-St-Zip: TAMPA, FL 33625

Title: VD ( ) Delete
Name: MICHAUD, TIFFANY
Address: 15108 WILLOWDALE RD
City-St-Zip: TAMPA, FL 336251940

Title: SD ( ) Delete
Name: OLDFIELD, DEBORAH
Address: 5830 SILVER MOON AVE
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LAVETT, MARC
Address: 15129 WILLOWDALE RD
City-St-Zip: TAMPA, FL 336251940

Title: TD (X) Change ( ) Addition
Name: WRIGHT, JULIA L
Address: P.O. BOX 340262
City-St-Zip: TAMPA, FL 33694

Title: VD (X) Change ( ) Addition
Name: NELSON, CHRIS
Address: 15131 WILLOWDALE RD
City-St-Zip: TAMPA, FL 336251940

Title: SD (X) Change ( ) Addition
Name: URRA, JEANICE
Address: PO BOX 340262
City-St-Zip: TAMPA, FL 33694

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: MARC LAVETT PD 08/04/2009
Electronic Signature of Signing Officer or Director Date