## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N29970**

1. Entity Name
THE GATES OF OLDE MANDARIN HOMEOWNERS
ASSOCIATION, INC.



03-22-2006 90004 045 \*\*\*\*61.25

**FILED** 

Mar 22, 2006 8:00 am Secretary of State

			100 MI					
Principal Plac P 0 80X 572 JACKSONVILL		Meiling Address P O BOX 57223 JACKSONVILLE, FL 322	41	1 (MARINA) BYA UA	IO ARIJE ISTIN TEOTI DELL ELETT OLI	RI BIÐI GIÐI ÐÆK ČÍÐI	(2)	
2. Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP CR2	E037 (11/05)		
City & State		City & State	City & State		i51		olied For Applicable	
Zip Country		Zip	Country 5		Status Desired	\$8.75 Addi Fee Required	tional	
6. Name and Address of Current Register		Registered Agent		7. Name and Ad	idress of New Registe	red Agent		
or temple and vegless of contain to have a significant			Name	Name				
NUSSBAUM, WILLIAM 1851 EXECUTIVE CENTER DR		~	<u> </u>	Street Address (P.O. Box Number is N				
STE - 102 JACKSONVILLE, FL 32207								
			City			FL Zip Code		
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered office or re	egistered agent, or both,	in the State of Florida. I	am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	: Registered Agent signature	required when reinstating)	D/	ATE	<del></del>	
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution.			heck payable to epartment of St		
10.	OFFICERS AND DIE	RECTORS ·	11.	ADDITIONS/CHAN	GES TO OFFICERS AN	D DIRECTORS IN	10	
TITLE	PD	☐ Delete		<del></del>	- PD	Change	Addition	
	I · =	□ Detects	NAME	and the Anth	mare V	pag change		
NAME	FITZGERALD, TERRI D		UNAME (	PAVALLO ANTH	D A SO E		1	
STREET ADDRESS	11370 BEECHER CIR WEST	•	STREET ADDRESS	1377 Beech	EK CIR.E	2523	1	
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP	TACK SOALVIL	LE FL 7	2223		
TITLE	TD	☐ Delete	TITLE			Change	Addition	
NAME	STANLEY, DANIEL		NAME					
STREET ADDRESS	11384 BEECHER CIR W		STREET ADDRESS				1	
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP					
TITLE	SD	☐ Defete	TITLE	secretary	- 5D	Change	☐ Addition	
NAME	LOWE, RONALD		NAME	schemmell, 1407 Beech	DONNAS	L. ^ `		
STREET ADDRESS	11401 BEECHER CIR. EAST		STREET ADDRESS	ILLOT Reed	her lin E	[ '		
CITY-ST-ZIP	I					•	í	
TITLE	JACKSONVILLE, FL 32223		CITY-ST-ZIP	TACKSONVI	LLE FL	32523	I	
		Delete	CITY-ST-ZIP	THEKSONVI	LLE FL	32223	Addition	
NAME	VP	☐ Delete	TITLE	THCK SONVI Vice Presid	CLE FL den't WD	32223 (2) Change	Addition	
NAME STREET ADDRESS	VP CAVALLO, ANTHONY V	☐ Delete	TITLE NAME	MCKSONU Vice Presid Jowe, JAN	CLE FL den't WD	32223 (2) Change	Addition	
	VP CAVALLO, ANTHONY V	☐ Delete	TITLE NAME STREET ADDRESS	McKsonvi Vice Presid Jowe, JAN	den't VD Her Cir.	32223 AT Change	Addition	
STREET ADDRESS CITY-ST-ZIP	VP CAVALLO, ANTHONY V 11371 BEECHER CIR. EAST JACKSONVILLE, FL 32223	_	TITLE NAME STREET ADDRESS CITY-ST-ZIP	McKsonvi Vice Presid June Jan July Beec Jacksonvi	den't VD HER CIR.	5 2 2 3 Change  E		
STREET ADDRESS CITY-ST-ZIP TITLE	VP CAVALLO, ANTHONY V 11371 BEECHER CIR. EAST JACKSONVILLE, FL 32223 D	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	McKsonvi Vice Presid June Jan July Beec Jacksonvi	den't VD HER CIR.	5 2 2 3 Change  E	Addition Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	VP CAVALLO, ANTHONY V 11371 BEECHER CIR. EAST JACKSONVILLE, FL 32223 D LAZAR, MARK	_	TITLE NAME STREET ADDRESS CITY-ST-ZIP	McKsonvi Vice Presid June Jan July Beec Jacksonvi	den't VD HER CIR.	5 2 2 3 Change  E		
STREET ADDRESS CITY-ST-ZIP TITLE	VP CAVALLO, ANTHONY V 11371 BEECHER CIR. EAST JACKSONVILLE, FL 32223 D	_	TITLE NAME STREET ADDRESS CITY-ST-ZIP	McKsonvi Vice Presid June Jan July Beec Jacksonvi	den't VD HER CIR.	5 2 2 3 Change  E	☐ Addition	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VP CAVALLO, ANTHONY V 11371 BEECHER CIR. EAST JACKSONVILLE, FL 32223 D LAZAR, MARK 11411 BEECHER CIR. WEST JACKSONVILLE, FL 32223 D	_	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	McKsonvi Vice Presid June Jan July Beec Jacksonvi	den't VD HER CIR.	5 2 2 3 Change  E	☐ Addition	
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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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MAR. 20, 2006 904-268-9331

SIGNATURE:

Stanley
UNITED NAME OF SUSTAINS OFFICER OR DIRECTOR