2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2009
Secretary of State

DOCUMENT# N29970

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

Current Principal Place of Business:

P O BOX 57223
JACKSONVILLE, FL 32241

New Principal Place of Business:

11448 BEECHER CIRCLE WEST
JACKSONVILLE, FL 32223

Current Mailing Address:

P O BOX 57223
JACKSONVILLE, FL 32241

New Mailing Address:

P O BOX 32004
JACKSONVILLE, FL 32237

FEI Number: 59-2980651 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NUSSBAUM, WILLIAM
1851 EXECUTIVE CENTER DR
STE - 102
JACKSONVILLE, FL 32207 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: TD ( ) Delete
Name: O'SHEA, BECKY
Address: 11419 BEECHER CIR E.
City-St-Zip: JACKSONVILLE, FL 32223

Title: VD ( ) Delete
Name: JEAN, LICH
Address: 11428 BEECHER CR. W.
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete
Name: MACHADO, ELVIE
Address: 11408 BEECHER CIR W
City-St-Zip: JACKSONVILLE, FL 32223

Title: PD (X) Delete
Name: LOWE, JANE
Address: 11401 BEECHER CIRCLE E
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD (X) Delete
Name: JOYCE, KEITHLEY
Address: 11438 BEECHER CIR. E.
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition
Name: KATHY, HARRISON
Address: 11421 BEECHER CR. W.
City-St-Zip: JACKSONVILLE, FL 32223

Title: VD (X) Change ( ) Addition
Name: LINDA, GIBBS
Address: 11450 BEECHER CIR E
City-St-Zip: JACKSONVILLE, FL 32223

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

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: BECKY O'SHEA TD 02/15/2009

Electronic Signature of Signing Officer or Director — Date