2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005
Secretary of State

DOCUMENT# N32040

Entity Name: THE COVE IN MANDARIN TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2668 COVE VIEW DRIVE NORTH
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

2668 COVE VIEW DRIVE NORTH
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

JOHNSON, STAFFORD L
2668 COVE VIEW DRIVE NORTH
JACKSONVILLE, FL 32257 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: D ( ) Delete
Name: MCLEAN, DONALD R
Address: 2676 COVE VIEW DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete
Name: JOHNSON, STAFFORD L
Address: 2668 COVE VIEW DRIVE N
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete
Name: KISNED, HITEN
Address: 2686 COVE VIEW DRIVE N
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HOUSTON, SAM
Address: 2676 COVE VIEW DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32257

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 for the exemption stated in Section 119.07(3)(i), 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: STAFFORD L JOHNSON D 05/17/2005

Electronic Signature of Signing Officer or Director — Date