## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N9400005754 (6)

## **FILED** May 11 1998 8:00am Secretary of State

29/98 (904) 665-

MANDARIN PRESERVATION ASSOCIATION, INC.														
Principal Place of Business					Mailing Address					1	A HEALDINGS DEG ODISS DEGET SEVEL SELE	I ODIH ODIH I	PELDA WILKE LDAVI	( ( )
10	IO4 SYLVAN	LANE WEST	IO4 SYLVAN LANE WEST						Data la constitución de la const					
JACKSONVILLE FL 32257					JACKSONVILLE FL 32257					3.	Date Incorporated or Qualified 11/21/1994	1		
										4.	FEI Number		T 14	pplied For
İ											59-3310716			lot Applicable
2.	2. Principal Place of Business				2a. Mailing Address					1.				Additional
21	<u> </u>			26							Certificate of Status Desired		<b>*</b>	Required
_	Suite, Apt. #, etc.			$\vdash$	Suite, Apt. #, etc.					6.	Election Campaign Financing			May Be
22	City & State			27	City & State					╁ <u></u>	Trust Fund Contribution		Added	
23				28	28					7. Is this nonprofit corporation a homeowners association?				
	Zip Country				Zip Country					8. This corporation owes or has paid the current year Intangible				
24	25			29 30						Personal Property Tax due June 30.  Yes No				
9. Name and Address of Current Registered Agent										10.	Name and Address of New F	egistered	Agent	
					8	1	Name							
LISSKA, EMILY R 10404 SYLVAN LANE WEST JACKSONVILLE FL 32257							8.	2	Street Addre	ss (P	P.O. Box Number is Not Accept	able)		
								<u>-</u>						
	JAUNDUI	AAHTE LF	32201				•	1						
							8	4	City		,	FL	85 Zip	Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment at agent. I am langiful with, and accept the obligations of Section 617.0503, Florida Statutes.													its registered	
	oπice or re agent. I an	gergererang n lambither wi	lent, or both, in the State th, and accept the oblig	ot Flotic ations of	da. Such change was Section 617.0503, F	s author Florid <b>a</b> i	rized I Statut	by t es	the corporatio	on's b	poard of directors. I hereby acc	ept the ap	pointment as	s registered
	GNATURE	(0)			<u> </u>				- Pre	رک	i deut	4/2	-9/9	8
12		Signature, typed	or printed name of registered age OFFICERS AN				ilered A	geni	I signature required		reinstating) ADDITIONS/CHANGES TO OFF	PATE OF AN	D DIDECTO	00 111 40
TITE		Р	OFFICERS AN	DUINEC	DELETE		1 TITLE				ADDITIONS/CHANGES TO OFF	CERS ANI	Change	Addition
NAJ		LISSKA.	EMILY R		<b>_</b>		.2 NAME							
\$TR	EET ADORESS	10404 SYLVAN LANE WEST					1.3 STREET ADDRESS							
CIT			MYILLE FL			1	4 CITY	-ST-	- ZIP					
TITI	Æ	V			☐ DELETE	2	1 TITLE						Change	Addition
NAJ			WILLIAM H			2	2 NAME	Ē						
STR	- 1		11136 SCOTT MILL ROAD IACKSONVILLE FL				2.3 STREET ADDRESS							
	Y-ST-ZIP		MYILLE FL		D process	_	4 CITY		- ZIP			<del></del>		
TITL	1	S	LS, DOROTHY		☐ DELETE		1.1 TITLE						Change	Addition
NAA RTS	EET ADDRESS		ORETTO WOODS CT.				2 NAME		DDRESS					
	Y-ST-ZIP		NVILLE FL			- 1	SINCI 4. CITY							
TITE		1			DELETE		1 TITLE	_	4.17		·		☐ Change	Addition
NU	Æ	RAMEY.	NANNETTE V		-		2 NAM							
STR	EET ADDRESS	3478 FA	IRBANKS ROAD			4	3 STREE	ET AL	DDRESS					
СП	r-ST-ZIP	JACKSO	NVILLE FL			4	4 CITY	ST-	ZIP					
TITL	.E	D			☐ DELETE	5	1 TITLE						Change	Addition
NAA	i i	DANIEL,				5	.2 NAME							
	EET ADDRESS		MCANOPY LANE						DORESS					
	r-ST-ZWP	D	NVILLE FL 32223	☐ DELETE			5.4 CITY-ST-ZIP 6.1 TITLE							6 4 ave
TITL		DAVIS, C	CARL D				.1 TITLE .2 NAME						☐ Change	Addition
	EET ADDRESS		AMRICK PLACE			1			DORESS					
	-ST-ZIP		NVILLE FL 32223				4 CITY -							
	I hereby ce	rlify that the	a Information supplied wi	th this fi	iling does not qualify	for the	AYAM	ntio	on stated in S	ectio	n 119.07(3)(i), Florida Statutes.	I further or	ertify that the	e Information
	officer or d	n this annu irector of th	al report or supplementa	i annual liver or t	I report is true and ac trustee empowered to	:curata	and ti	hat	my signature	lada r	Il have the same legal effect as by Chapter 617, Florida Statutes	if made ur	nder neth: th	atlem en l