

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006309

FILED
Apr 13, 2009
Secretary of State

Entity Name: MANDARIN LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 411162
MELBOURNE, FL 32941 US

New Principal Place of Business:

Current Mailing Address:

FRANCIS M. STEWART C/A
6939 N. WICKHAM ROAD
MELBOURNE, FL 32940 US

New Mailing Address:

FEI Number: 59-3319969 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART, FRANCIS M CPA
6939 N. WICKHAM RD
MELBOURNE, FL 32940 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: P () Delete
Name: CALLAWAY, DAWN
Address: P. O. BOX 411162
City-St-Zip: MELBOURNE, FL 32941

Title: T () Delete
Name: ZALENSKI, DOUG
Address: PO BOX 411162
City-St-Zip: MELBOURNE, FL 32941

Title: S () Delete
Name: KILLIAN, JACOB J
Address: PO BOX 411162
City-St-Zip: MELBOURNE, FL 32941

Title: VP () Delete
Name: CARR, JOHN
Address: PO BOX 411162
City-St-Zip: MELBOURNE, FL 32941

Title: G&M (X) Delete
Name: ROSS, MARK
Address: P.O. BOX 411162
City-St-Zip: MELBOURNE, FL 32941

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CALLAWAY, DAWN
Address: 992 CARRIAGE HILL RD.
City-St-Zip: MELBOURNE, FL 32940

Title: TD (X) Change () Addition
Name: ZALENSKI, DOUG
Address: 968 CARRIAGE HILL RD
City-St-Zip: MELBOURNE, FL 32940

Title: SD (X) Change () Addition
Name: SAVOLD, LINDA
Address: 1087 CARRIAGE HILL RD
City-St-Zip: MELBOURNE, FL 329401

Title: VP (X) Change () Addition
Name: CARR, JOHN
Address: 1064 CARRIAGE HILL RD
City-St-Zip: MELBOURNE, FL 32940

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: DOUG ZALENSKI

TD

04/13/2009

Electronic Signature of Signing Officer or Director

Date