

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002968

FILED
Mar 18, 2006
Secretary of State

Entity Name: OLDE MANDARIN OFFICE PARK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11363 SAN JOSE BLVD
BUILDING 100-101
JACKSONVILLE, FL 32223

New Principal Place of Business:

11363 SAN JOSE BLVD
BUILDING 100 / SUITE 103
JACKSONVILLE, FL 32223

Current Mailing Address:

2803 VILLAGE GROVE DRIVE
JACKSONVILLE, FL 32257

New Mailing Address:

P O BOX 23518
JACKSONVILLE, FL 32241

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, JOHN R
1200 RIVERPLACE BLVD.
SUITE 800
JACKSONVILLE, FL 32201 US

Name and Address of New Registered Agent:

KENT, FRED H III
1200 RIVERPLACE BLVD.
SUITE 800
JACKSONVILLE, FL 32201 US

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: FRED H KENT III

03/18/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CURLEY, R. K
Address: 2803 VILLAGE GROVE RD
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: CURLEY, J. L
Address: 2803 VILLAGE GROVE DR
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: LUCAS, HOLLY
Address: PO BOX 23518
City-St-Zip: JACKSONVILLE, FL 32241 35

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: R K CURLEY

D

03/18/2006

Electronic Signature of Signing Officer or Director

Date