## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000002968

FILED Mar 20, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

P O BOX 23518

JACKSONVILLE, FL 32241

BUILDING 100 / SUITE 103

JACKSONVILLE, FL 32223

FEI Number: 26-1637760 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BARKER, DAVID P
11778 MANDARIAN RD
11363 SAN JOSE BLVD
JACKSONVILLE, FL 32223 US
SUITE #103

JACKSONVILLE, FL 32223 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: DAVID BARKER 03/20/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 ( ) Delete
 Title:
 P
 (X) Change ( ) Addition

 Name:
 CURLEY, R. K
 Name:
 BARKER, DAVID P

 Address:
 2803 VILLAGE GROVE RD
 Address:
 11363 SAN JOSE BLVD. #103

Address: 2803 VILLAGE GROVE RD Address: 11363 SAN JOSE BLVD. #10
City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete Title: T (X) Change ( ) Addition Name: CURLEY, J. L Name: BARKER, ANZHELIKA

Address: 2803 VILLAGE GROVE DR Address: 11363 SAN JOSE BLVD. #103
City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: JACKSONVILLE, FL 32223

Title: D (X) Delete Title: ( ) Change ( ) Addition Name: LUCAS. HOLLY Name:

 Name:
 LUCAS, HOLLY
 Name:

 Address:
 PO BOX 23518
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32241 35
 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: DAVID BARKER P 03/20/2008