

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003122

FILED
Apr 26, 2006
Secretary of State

Entity Name: MANDARIN OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

463499 STATE ROAD 200
YULEE, FL 32097 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1987
YULEE, FL 320411987 US

New Mailing Address:

FEI Number: 59-3413349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, TERRELL J
463499 STATE ROAD 200
YULEE, FL 32097 US

Name and Address of New Registered Agent:

PROPERTY MANAGEMENT SYSTEMS INC.
463499 STATE ROAD 200
YULEE, FL 32097 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: TERRELL J POWELL

04/26/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: SWATZELL, KIMBERLY
Address: 4556 PALMETTO COVE LANE
City-St-Zip: JACKSONVILLE, FL 32258

Title: SD () Delete
Name: EVANS, DEBORAH
Address: 4538 PALMETTO COVE LANE
City-St-Zip: JACKSONVILLE, FL 32258

Title: D () Delete
Name: PORTER, KELLY
Address: 11468 SHADY MEADOW DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

Title: T/D (X) Delete
Name: JENNINGS, PAULA
Address: 11485 SHADY MEADOW DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

Title: D (X) Delete
Name: BARLEY, JOYCE
Address: 4532 PALMETTO COVE LANE
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: EVANS, DEBORAH S
Address: 4538 PALMETTO COVE LANE
City-St-Zip: JACKSONVILLE, FL 32258

Title: D (X) Change () Addition
Name: DUFF, JASON E
Address: 4535 PALMETTO COVE LANE
City-St-Zip: JACKSONVILLE, FL 32258

Title: TD (X) Change () Addition
Name: JENNINGS, PAULA
Address: 11485 SHADY MEADOW DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

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: PAULA JENNINGS

T

04/26/2006

Electronic Signature of Signing Officer or Director

Date