

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003122

FILED  
Apr 18, 2008  
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:**

1403-3 DUNN AVE  
JACKSONVILLE, FL 32218 US

**Current Mailing Address:**

PO BOX 1987  
YULEE, FL 320411987 US

**New Mailing Address:**

1403-3 DUNN AVE  
JACKSONVILLE, FL 32218 US

**FEI Number:** 59-3413349

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PROPERTY MANAGEMENT SYSTEMS INC.  
463499 STATE ROAD 200  
YULEE, FL 32097 US

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

ERA DAN JONES & ASSOCIATES, INC.  
1403-3 DUNN AVE  
JACKSONVILLE, FL 32218 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: SONJA INGRAM

04/18/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: TD ( ) Delete  
Name: HENTSCHEL, GEORGE  
Address: 11503 SHADY MEADOW DRIVE  
City-St-Zip: JACKSONVILLE, FL 32258

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: STRAUCH, BOB  
Address: 11509 SHADY MEADOW DR  
City-St-Zip: JACKSONVILLE, FL 32258

Title: VPD (X) Change ( ) Addition  
Name: STROBEL, BRIAN  
Address: 11504 SHADY MEADOW DR  
City-St-Zip: JACKSONVILLE, FL 32258

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

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

Title: D ( ) Change (X) Addition  
Name: DE LA CRUZ, LYNN  
Address: 4568 PALMETTO COVE LN  
City-St-Zip: JACKSONVILLE, FL 32258

Title: D ( ) Change (X) Addition  
Name: SWATZELL, KIMBERLY  
Address: 4556 PALMETTO COVE LN  
City-St-Zip: JACKSONVILLE, FL 32258

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: SONJA INGRAM

MGR

04/18/2008

Electronic Signature of Signing Officer or Director

Date