2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N96000003122

Entity Name: MANDARIN OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1403-3 DUNN AVE
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

1403-1 DUNN AVE
JACKSONVILLE, FL 32218 US

Current Mailing Address:

1403-3 DUNN AVE
JACKSONVILLE, FL 32218 US

New Mailing Address:

1403-1 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:

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

Name and Address of New Registered Agent:

ERA DAN JONES & ASSOCIATES, INC.
1403-1 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 04/27/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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:

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 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 04/27/2009
Electronic Signature of Signing Officer or Director Date