


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N97000003550	
<b>1. Entity Name</b> MANDAVILLA SUBDIVISION HOMEOWNERS ASSOCIATION, INC.	

<b>Principal Place of Business</b> P O BOX 6072 GULF BREEZE, FL 32563 US	<b>Mailing Address</b> P O BOX 6072 GULF BREEZE, FL 32563 US
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**DO NOT WRITE IN THIS SPACE**



03292007 No Chg-NP CR2E037 (4/06)

<b>4. FEI Number</b> NOT APPLICABLE	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  BIRON, ERICA T 5032 LANTANA DR GULF BREEZE, FL 32563	<b>DO NOT WRITE IN THIS SPACE</b>
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**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)) **DATE** \_\_\_\_\_

<b>Filing Fee Is \$61.25</b> <b>Due by May 1, 2007</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D.</b> RIVERS, FRANK 1533 SILVER LACE CT. GULF BREEZE, FL 32563
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> HENSEL, EDWARD L 5021 MANDAVILLA BLVD. GULF BREEZE, FL 32563
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SD</b> BIRON, ERICA T 5032 LANTANA DR GULF BREEZE, FL 32563
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VD</b> WATSON, WILLIAM A 5053 LANTANA DR. GULF BREEZE, FL 32563
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TD</b> BRADFORD, JUDY 5060 RING ROSE COURT GULF BREEZE, FL 32563
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**DO NOT WRITE IN THIS SPACE**

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04/13/07-80050-014 61.25

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

<b>SIGNATURE:</b> <u>Judy Bradford</u> <u>Judy Bradford</u> <u>3/30/07</u> <u>850-934-1442</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>