


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90037 034 ****61.25

DOCUMENT # N97000003550 1. Entity Name MANDAVILLA SUBDIVISION HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P O BOX 6072 GULF BREEZE, FL 32563 US			Mailing Address P O BOX 6072 GULF BREEZE, FL 32563 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01142008 Chg-NP CR2E037 (12/06)	
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BIRON, ERICA T 5032 LANTANA DR GULF BREEZE, FL 32563			7. Name and Address of New Registered Agent Name <u>HENSEL, EDWARD L.</u> Street Address (P.O. Box Number is Not Acceptable) <u>5021 MANDAVILLA BLVD.</u> City <u>Gulf Breeze,</u> FL Zip Code <u>32563</u>		
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 <u><i>Edward L Hensel</i></u> <u>secretary</u> <u>1-16-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERS, FRANK 1533 SILVER LACE CT. GULF BREEZE, FL 32563	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENSEL, EDWARD L 5021 MANDAVILLA BLVD. GULF BREEZE, FL 32563	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BIRON, ERICA T 5032 LANTANA DR GULF BREEZE, FL 32563	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treasurer</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition <u>Rivers, Margaret</u> <u>1533 SILVER LACE CT</u> <u>Gulf Breeze, FL 32563</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WATSON, WILLIAM A 5053 LANTANA DR. GULF BREEZE, FL 32563	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition <u>Donaldson, Michael</u> <u>5041 LANTANA DR.</u> <u>Gulf Breeze, FL 32563</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRADFORD, JUDY 5060 RING ROSE COURT GULF BREEZE, FL 32563	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE: <u><i>Edward L Hensel</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1-16-08</u> <u>850-529-3619</u> <small>Date Daytime Phone #</small>		