

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003550

FILED
Mar 26, 2009
Secretary of State

Entity Name: MANDAVILLA SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 6072
GULF BREEZE, FL 32563 US

New Principal Place of Business:

4400 BAYOU BLVD STE 58
PENSACOLA, FL 32503 US

Current Mailing Address:

P O BOX 6072
GULF BREEZE, FL 32563 US

New Mailing Address:

4400 BAYOU BLVD STE 58
PENSACOLA, FL 32503 US

FEI Number: 59-3646029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENSEL, EDWARD L
5021 MANDAVILLA BLVD
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

KEEN, PAMELA A
4400 BAYOU BLVD STE 58
PENSACOLA, FL 32503 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: PAMELA A KEEN

03/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RIVERS, FRANK
Address: 1533 SILVER LACE CT.
City-St-Zip: GULF BREEZE, FL 32563

Title: S () Delete
Name: HENSEL, EDWARD L
Address: 5021 MANDAVILLA BLVD.
City-St-Zip: GULF BREEZE, FL 32563

Title: T () Delete
Name: RIVERS, MARGARET
Address: 1533 SILVERLANE CT
City-St-Zip: GULF BREEZE, FL 32563

Title: P () Delete
Name: DONALDSON, MICHAEL
Address: 5041 LANTANIA DR
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP/S (X) Change () Addition
Name: HENSEL, EDWARD L
Address: 5021 MANDAVILLA BLVD.
City-St-Zip: GULF BREEZE, FL 32563

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: EDWARD HENSEL

VP/S

03/26/2009

Electronic Signature of Signing Officer or Director

Date