

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morlham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 741409 (7)  
1. Corporation Name  
MANGO HILL CONDOMINIUM ASSOCIATION NO.5, INC.



Principal Place of Business Mailing Address  
C/O PMS CORP  
8299 CORAL WAY  
MIAMI FL 33155  
C/O TROPICANA REALTY  
3742 W 12 AVE  
HIALEAH FL 33012  
US

3. Date incorporated or Qualified 01/20/1978  
3a. Date of Last Report 03/27/1995  
4. FEI Number 59-1846111  
Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 30 Country  
24 25 29 30

9. Name and Address of Current Registered Agent

HERNANDEZ, HENRY  
TROPICANA REALTY INC  
3742 W 12 AVE  
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent or officer or director

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME            | STREET ADDRESS      | CITY - ST - ZIP | DELETE                   |
|-------|-----------------|---------------------|-----------------|--------------------------|
| PD    | GULISANO, JORGE | 1082 WEST 41 STREET | HIALEAH FL      | <input type="checkbox"/> |
| SD    | CASTRO, MICHAEL | 1086 W. 41 STREET   | HIALEAH FL      | <input type="checkbox"/> |
| ID    | CASTILLO, JOSE  | 4112 W 10 LANE      | HIALEAH FL      | <input type="checkbox"/> |
| VD    | FERRER, ORLANDO | 1076 W 41 PLACE     | HIALEAH FL      | <input type="checkbox"/> |
|       |                 |                     |                 | <input type="checkbox"/> |
|       |                 |                     |                 | <input type="checkbox"/> |

13. ADDITIONS OF NAME(S) TO OFFICERS AND DIRECTORS IN 12

| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY - ST - ZIP | Change                   | Addition                 |
|----------|---------|-------------------|--------------------|--------------------------|--------------------------|
| 21 TITLE | 22 NAME | 23 STREET ADDRESS | 24 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 31 TITLE | 32 NAME | 33 STREET ADDRESS | 34 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 41 TITLE | 42 NAME | 43 STREET ADDRESS | 44 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 51 TITLE | 52 NAME | 53 STREET ADDRESS | 54 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 61 TITLE | 62 NAME | 63 STREET ADDRESS | 64 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

SIGNATURE:

*Jorge A. Gulisano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 (305) 558-9820

CR2E037 (12/95)