

FILE NOW: FILING FEE IS \$61.25 .

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **741784**
1. Corporation Name
Lake Mango Shores Property Owner's Association, Inc.

Principal Place of Business
**40 A.M. Resources, Inc.
P.O. Box 7184
West Palm Bch, FL 33405**

Mailing Address
**P.O. Box 7184
West Palm Bch, FL 33405**

3. Date Incorporated or Qualified **2-23-78** 3a. Date of Last Report **4-24-95**

4. FEI Number **59-1663632** 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
21 Suite, Apt. #, etc. 26
22 City & State 27
23 Zip 24 Country 25 29 Zip 30 Country 30

9. Name and Address of Current Registered Agent
**Pardo, Jorge L.
2720 Starwood Circle
West Palm Bch, FL 33406**

10. Name and Address of New Registered Agent
81 Name **A.M. Resources Inc.**
82 Street Address (P.O. Box Number is Not Acceptable) **601 W. Dixie Hwy**
83
84 City **West Palm Bch** FL 85 Zip Code **33405**

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]* DATE **4-11-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.D. Pardo, Jorge	12 NAME	
STREET ADDRESS	2720 Starwood Circle	13 STREET ADDRESS	
CITY-ST-ZIP	West Palm Bch, FL 33406	14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD Kathy Tyler	22 NAME	
STREET ADDRESS	1457 Lake Mango Way	23 STREET ADDRESS	
CITY-ST-ZIP	West Palm Bch, FL 33406	24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MD Michael McClure	32 NAME	
STREET ADDRESS	2584 W. Carandis Rd.	33 STREET ADDRESS	
CITY-ST-ZIP	West Palm Bch, FL 33406	34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	41 TITLE	
NAME		4.2 NAME	900001789129
STREET ADDRESS		4.3 STREET ADDRESS	-04/22/96--01071--004
CITY-ST-ZIP		4.4 CITY-ST-ZIP	***61.25
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	
NAME		62 NAME	420-96
STREET ADDRESS		63 STREET ADDRESS	JR
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE **4-11-96** (407) 586-8881 Daytime Phone #

CR2E037 (12/95)