

4-15-98 B 4805 C  
 FILE NOW: FILING FEE IS \$61.25

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 Apr 15 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 741784 (3)**  
 1. Corporation Name  
**LAKE MANGO SHORES PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>C O A.M. RESOURCES, INC.          P.O. BOX 7104          WEST PALM BEACH, FL 33409</b>	Mailing Address <b>C O A.M. RESOURCES, INC.          P.O. BOX 7104          WEST PALM BEACH FL 33405</b>
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3. Date Incorporated or Qualified  
**02/23/1978**

4. FEI Number <b>59-1663632</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	2b. City & State
23. Zip	2c. Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**A.M. RESOURCES INC.  
 707 S. CHILLINGWORTH DR.  
 WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent

81 Name <b>A.M. RESOURCES INC.</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>707 S. CHILLINGWORTH DR.</b>	
83 City <b>WEST PALM BEACH</b>	
84 State <b>FL</b>	85 Zip Code <b>33409</b>

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 *Michael McClure* DATE 3/27/98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>PARDO, JORGE</b>	
STREET ADDRESS	<b>2720 STARWOOD CIRCLE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>TYLER, KATHY</b>	
STREET ADDRESS	<b>1459 LAKE MANGO WAY</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>MCCLURE, MICHAEL</b>	
STREET ADDRESS	<b>2584 W. CARANDIS RD.</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, upon an attachment with an address:

**Michael McClure**  
 4-8-98 (541) 653-3601

CR2E037 (10/97)