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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741784

1. Corporation Name

LAKE MANGO SHORES PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

C O A.M. RESOURCES, INC.
707 CHILLINGWORTH DR
WEST PALM BCH FL 33409
US

Mailing Address

C O A.M. RESOURCES, INC.
P.O. BOX 7184
WEST PALM BEACH FL 33405



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/23/1978

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1663632

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

25 Country

28 Zip

30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

A.M. RESOURCES INC.
707-S CHILLINGWORTH DR 5100 S. Dixie Hwy. Suite 10
WEST PALM BCH FL 33409 33405

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

PD
NAME PARDO, JORGE
STREET ADDRESS 2720 STARWOOD CIRCLE
CITY-ST-ZIP WEST PALM BEACH FL

1.1 TITLE Change Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE

SD
NAME TYLER, KATHY
STREET ADDRESS 1459 LAKE MANGO WAY
CITY-ST-ZIP WEST PALM BEACH FL

2.1 TITLE Change Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE

VD
NAME MCCLURE, MICHAEL
STREET ADDRESS 2584 W. CARANDIS RD.
CITY-ST-ZIP WEST PALM BEACH FL

3.1 TITLE Change Addition

TD
3.2 NAME Teresa Guibert
3.3 STREET ADDRESS 2664 Starwood Circle
3.4 CITY-ST-ZIP West Palm Beach, FL 33406

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1-28-99

Date

Daytime Phone #

CR2E037 (1/98)

0041228