

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741784

1. Entity Name

LAKE MANGO SHORES PROPERTY OWNERS' ASSOCIATION.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90796 002 ****61.25

Principal Place of Business	Mailing Address
C O A.M. RESOURCES, INC. 707 CHILLINGWORTH DR 5100 S. Dixie WEST PALM BCH FL 33409 #10 US 33405	C O A.M. RESOURCES, INC. P.O. BOX 710 7610 WEST PALM BEACH FL 33405-7184



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5100 S. Dixie Hwy.	P.O. Box 7610
Suite, Apt. #, etc. # 10	Suite, Apt. #, etc.
City & State West Palm Beach, FL	City & State West Palm Beach, FL
Zip 33405	Country US

4. FEI Number	Applied For
59-1663632	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
A.M. RESOURCES INC. 5100 S DIXIE HWY SUITE 110 #10 WEST PALM BCH FL 33405	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARDO, JORGE 2720 STARWOOD CIRCLE WEST PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TYLER, KATHY 1459 LAKE MANGO WAY WEST PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUIBERT, TERESA 2664 STARWOOD CIR WEST PALM BEACH FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 4-25-00 (561) 694-4787
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)