

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90042 023 \*\*\*\*61.25

60025104



02202008 Chg-NP CR2E037 (12/06)

4. FEI Number **59-1663632** Applied For  Not Applicable

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

**DOCUMENT # 741784**  
 1. Entity Name  
**LAKE MANGO SHORES PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**ASSOCIATED PROPERTY MGMT  
 1928 LAKE WORTH RD  
 LAKE WORTH, FL 33461 US**

Mailing Address  
**ASSOCIATED PROPERTY MGMT  
 1928 LAKE WORTH RD  
 LAKE WORTH, FL 33461 US**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

6. Name and Address of Current Registered Agent  
**ASSOCIATED PROPERTY MANAGEMENT  
 1928 LAKE WORTH RD  
 LAKE WORTH, FL 33461**

7. Name and Address of New Registered Agent  
 Name **Scott Stoffer**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1818 Australian Ave. South**  
**Suite 400**  
 City **West Palm Beach FL** Zip Code **33409**

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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE *Scott A. Stoffer, Esq.* DATE **4-7-08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**Filing Fee is \$61.25  
 Due by May 1, 2008**

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

**Make check payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete GUIBERT, TERESA 2664 STARWOOD CIRCLE WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete POWELL, NATALIA 2706 STARWOOD COURT WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete ROTH, PAULA 2701 STARWOOD COURT WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete TYLER, KATHY 1459 LAKE MANGO WAY WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete STRICKLAND, BRUCE 1420 LAKE MANGO WAY WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROTH, PAULA 2701 STARWOOD CT. WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STRICKLAND, BRUCE 1420 LAKE MANGO WAY WEST PALM BEACH, FL 33406
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Kathy Tyler* **Kathy Tyler** **2/27/08** **561-882-3860**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #