

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741784

FILED
Mar 18, 2009
Secretary of State

Entity Name: LAKE MANGO SHORES PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

ASSOCIATED PROPERTY MGMT
1928 LAKE WORTH RD
LAKE WORTH, FL 33461 US

New Principal Place of Business:

Current Mailing Address:

ASSOCIATED PROPERTY MGMT
1928 LAKE WORTH RD
LAKE WORTH, FL 33461 US

New Mailing Address:

FEI Number: 59-1663632 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOLOFF, SCOTT
1818 AUSTRALIAN AVE. SOUTH
SUITE 400
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: ROTH, PAULA
Address: 2701 STARWOOD CT.
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D () Delete
Name: STRICKLAND, BRUCE
Address: 1420 LANE MANGO WAY
City-St-Zip: WEST PALM BEACH, FL 33406

Title: PD () Delete
Name: TYLER, KATHY
Address: 1459 LAKE MANGO WAY
City-St-Zip: WEST PALM BEACH, FL 33406

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TYLER, KATHY P
Address: 1459 LAKE MANGO WAY
City-St-Zip: WEST PALM BEACH, FL 33406

Title: V (X) Change () Addition
Name: GUIBERT, TERESA V
Address: 2664 STARWOOD CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33406

Title: ST (X) Change () Addition
Name: ROTH, PAULA ST
Address: 2701 STARWOOD COURT
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D () Change (X) Addition
Name: STRICKLAND, BRUCE D
Address: 1420 LAKE MANGO WAY
City-St-Zip: WEST PALM BEACH, FL 33406

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MATH, APM

AGT

03/18/2009

Electronic Signature of Signing Officer or Director

_____ Date