

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 27 PM 3:13

DOCUMENT # **743826** (0)

1. Corporation Name
MANGO LANE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
10344 S.W. 129TH TERR. MIAMI FL 33176 **10424 SW 128TH TERR MIAMI FL 33176 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/07/1978** 3a. Date of Last Report **01/25/1994**
4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **10445 SW 129 Terrace** 26 **10404 SW 128 Terr**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
Miami, FL **Miami, FL**
23 Zip Country 28 Zip Country
33176 Dade 33176 US

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
KALLICHE, ANTHONY A.
6161 BLUE LAGOON DRIVE, SUITE #250
MIAMI FL 33126

10. Name and Address of New Registered Agent
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 607.0502 and 607.1509, 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 607.0509, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	SEVCIK, RONALD
STREET ADDRESS	10324 SW 129 TERRACE
CITY-ST-ZIP	MIAMI FL
TITLE	V
NAME	STROKER, JOHN
STREET ADDRESS	10445 SW 129 TERR
CITY-ST-ZIP	MIAMI FL
TITLE	S
NAME	SINGER, DONNA
STREET ADDRESS	12927 SW 103 PLACE
CITY-ST-ZIP	MIAMI FL
TITLE	Y
NAME	DEUTSCH, ELEANOR
STREET ADDRESS	10424 SW 128TH TERR
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John Stroker
1.3 STREET ADDRESS	10445 SW 129 Terr.
1.4 CITY-ST-ZIP	Miami, FL 33176
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Peter Schosberg
2.3 STREET ADDRESS	12926 SW 104 Place
2.4 CITY-ST-ZIP	Miami, FL 33176
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Diana Furman
3.3 STREET ADDRESS	10404 SW 128 Terr.
3.4 CITY-ST-ZIP	Miami, FL 33176
4.1 TITLE	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), 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.

SIGNATURE: Diana Furman **Diana Furman** 2/1/95 305 2324073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Type in Year & Month)