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Mar 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 743826 (0)  
1. Corporation Name  
MANGO LANE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address  
10445 SW 129 TERRACE MIAMI FL 33176 US  
10464 SW 129 TERRACE MIAMI FL 33176-5528 US

3. Date Incorporated or Qualified 08/07/1978  
3a. Date of Last Report 05/14/1996

2. Principal Place of Business 21 10424 S.W. 128 terrace -  
22 Suite, Apt. #, etc.  
23 City & State MIAMI FL  
24 Zip 33176 25 Country U.S.A.

2a. Mailing Address 26 10424 S.W. 128 terrace  
27 Suite, Apt. #, etc.  
28 City & State MIAMI FL  
29 Zip 33176 30 Country USA

4. FEI Number NOT APPLICABLE Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STROKERK, JOHN	
STREET ADDRESS	10445 SW 129 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHOSBERG, PETER	
STREET ADDRESS	12926 SW 104 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	SINGER, DONNA M	
STREET ADDRESS	10464 SW 129 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ted Deutsch	
1.3 STREET ADDRESS	10424 S.W. 128 terrace	
1.4 CITY-ST-ZIP	MIAMI FL 33176	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Carol Fishbein	
2.3 STREET ADDRESS	10424 S.W. 129 terrace	
2.4 CITY-ST-ZIP	MIAMI FL 33176	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Barbara Farness	
3.3 STREET ADDRESS	10444 S.W. 129 terrace	
3.4 CITY-ST-ZIP	MIAMI FL 33176	
4.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Stacy Heller	
4.3 STREET ADDRESS	12906 S.W. 104 place	
4.4 CITY-ST-ZIP	MIAMI FL 33176	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Fran Sevcik	
5.3 STREET ADDRESS	10324 S.W. 129 terrace	
5.4 CITY-ST-ZIP	MIAMI FL 33176	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Byron Sharp	
6.3 STREET ADDRESS	10364 S.W. 128 terrace	
6.4 CITY-ST-ZIP	MIAMI FL 33176	

14. I do 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.

SIGNATURE: Theodore J. ... March 10, 1997 (305) 557 4800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033094

CR2E037 (9/96)