


FILE NOW: FILING FEE IS \$61.25

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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **743826** (0)
1. Corporation Name
MANGO LANE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
10424 SW 128 TERR MIAMI FL 33176 US		10424 SW 128 TERR MIAMI FL 33176 US	
2. Principal Place of Business		2a. Mailing Address	
21 Mango Lane Estates		26 1790 W. 49 St.	
Suite, Apt., #, etc.		Suite, Apt., #, etc.	
22 130 St. S.W. 104 ct.		27 # 304	
City & State		City & State	
23 MIAMI FL.		28 Hialeah, Fla	
Zip	Country	Zip	Country
24 33176	25 USA	29 33012	30 USA

3. Date Incorporated or Qualified	08/07/1978	
4. FEI Number	NOT APPLICABLE	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KALLICHE, ANTHONY A. 6161 BLUE LAGOON DRIVE, SUITE #250 MIAMI FL 33126				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEUSCH, TED	1.2 NAME	Director Byron Sharp
STREET ADDRESS	10424 SW 128 TERR	1.3 STREET ADDRESS	10364 S.W. 128 Ter.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHOSBERG, PETER	2.2 NAME	Director Rich Furman
STREET ADDRESS	12926 SW 104 PLACE	2.3 STREET ADDRESS	10404 S.W. 128 Ter.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL 33176
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARNES, BARBARA	3.2 NAME	Director Harvey Goldberg
STREET ADDRESS	10444 SW 129 TERR	3.3 STREET ADDRESS	10325 S.W. 128 Ter.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33176
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHBEIN, CAROL	4.2 NAME	
STREET ADDRESS	10424 SW 129 TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLER, STACY	5.2 NAME	
STREET ADDRESS	12906 SW 104 PL	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEVCIK, FRAN	6.2 NAME	
STREET ADDRESS	10324 SW 129 TERR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. 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 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 Z. Deutsch** **Theodore Z. Deutsch** **1/29/98** **305 557 4800**

CFR2E037 (10/97)