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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 743826

1. Corporation Name

MANGO LANE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

MANGO LANE ESTATES
 130 ST. S.W. 104 CT.
 MIAMI FL 33176
 US

Mailing Address

C/O THEODORE Z. DEUTSCH, P.A.
 1790 W. 49TH STREET. #304
 HIALEAH FL 33012
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

08/07/1978

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing

\$5.00 May Be
 Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DEUSCH, TED	
STREET ADDRESS	10424 SW 128 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHOSBERG, PETER	
STREET ADDRESS	12926 SW 104 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PARNES, BARBARA	
STREET ADDRESS	10444 SW 129 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FISHBEIN, CAROL	
STREET ADDRESS	10424 SW 129 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	DD	DELETE
NAME	HELLER, SIACY	
STREET ADDRESS	12906 SW 104 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SEVCIK, FRAN	
STREET ADDRESS	10324 SW 129 TERR	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Harvey Goldberg	
1.3 STREET ADDRESS	10325 S.W. 128 Terrace	
1.4 CITY-ST-ZIP	Miami FL 33176	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ron Katz	
2.3 STREET ADDRESS	12927 S.W. 103 Place	
2.4 CITY-ST-ZIP	Miami FL 33176	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hinda Duremy	
3.3 STREET ADDRESS	12907 S.W. 163 Place	
3.4 CITY-ST-ZIP	Miami FL 33176	
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Eleanor Deutsch	
4.3 STREET ADDRESS	10424 S.W. 128 Terr.	
4.4 CITY-ST-ZIP	Miami Fla 33176	
5.1 TITLE	Directors	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Barbar Parness	
5.3 STREET ADDRESS	10444 SW 129 Terr.	
5.4 CITY-ST-ZIP	Miami, FL 33176	
6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Rich Furman	
6.3 STREET ADDRESS	10404 S.W. 128 Terr.	
6.4 CITY-ST-ZIP	Miami Fla 33176	

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, with all other like empowered.

SIGNATURE:

[Signature] T. 1-31-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)