

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743826

1. Entity Name

MANGO LANE HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90041 029 ****70.00

Principal Place of Business MANGO LANE ESTATES 130 ST. S.W. 104 CT. MIAMI FL 33176 US	Mailing Address C/O HARVEY GOLDBERG 10325 S W 128TH TERRACE MIAMI FL 33176-5516 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	

6. Name and Address of Current Registered Agent

KALLICHE, ANTHONY A.
6161 BLUE LAGOON DRIVE, SUITE #250
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: P NAME: GOLDBERG, HARVEY STREET ADDRESS: 10325 S W 128TH TERRACE CITY-ST-ZIP: MIAMI FL 33176	<input type="checkbox"/> Delete
TITLE: VP NAME: KATZ, RON STREET ADDRESS: 12927 S W 103 PLACE CITY-ST-ZIP: MIAMI FL 33176	<input type="checkbox"/> Delete
TITLE: S NAME: DUREMY, LINDA STREET ADDRESS: 12907 S W 163 PLACE CITY-ST-ZIP: MIAMI FL 33176	<input checked="" type="checkbox"/> Delete
TITLE: T NAME: DEUTSCH, ELEANOR STREET ADDRESS: 10424 S W 128TH TERRACE CITY-ST-ZIP: MIAMI FL 33176	<input type="checkbox"/> Delete
TITLE: D NAME: PARNES, BARBARA STREET ADDRESS: 10444 S W 129TH TERRACE CITY-ST-ZIP: MIAMI FL 33176	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: FURMAN, RICH STREET ADDRESS: 10404 S W 128TH TERRACE CITY-ST-ZIP: MIAMI FL 33176	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D. Stacy Heller NAME: Board member STREET ADDRESS: 12906 S.W. 104 Pl. CITY-ST-ZIP: Miami Fla 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: Board member NAME: D. Peter Schosberg STREET ADDRESS: 12926 S.W. 104 Pl. CITY-ST-ZIP: MIAMI FL 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: Mindy Notrika NAME: Secretary STREET ADDRESS: 10425 S.W. 128 Terr. CITY-ST-ZIP: Miami, Fla 33176	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D. Board member NAME: Byron Sharp STREET ADDRESS: 16364 S.W. 128 Terr. CITY-ST-ZIP: Miami FL 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D. Board member NAME: Andy Wolf STREET ADDRESS: 10464 S.W. 129 Terr. CITY-ST-ZIP: Miami, Fla 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eleanor Deutsch **Eleanor Deutsch** 3/20/00-233,0946
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Treasurer** Date Daytime Phone #

CR2E037 (9/99)