

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Sep 17, 2004
Secretary of State**

DOCUMENT# 743826

Entity Name: MANGO LANE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

RON KATZ
12927 SW 103 PL
MIAMI, FL 33176 US

New Principal Place of Business:

Current Mailing Address:

RON KATZ
12927 SW 103 PL
MIAMI, FL 33176 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: ESCALONA, JORGE L
Address: 10485 SW 128 TERRACE
City-St-Zip: MIAMI, FL 33176

Title: P () Delete
Name: KATZ, RON
Address: 12927 S W 103 PLACE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: PAULEN, RIP
Address: 12826 SW 104 PLACE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: PEREZ GURI, DIANE
Address: 10425 SW 129 TERRACE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: SHARP, BYRON
Address: 10364 SW 128 TERRACE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: STEINER, JEFF
Address: 12829 SW 103 PLACE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JORGE L ESCALONA

TREA

09/17/2004

Electronic Signature of Signing Officer or Director

Date