


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90030 005 ****70.00

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DOCUMENT # 743826					
1. Entity Name MANGO LANE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business RON KATZ 12927 SW 103 PL MIAMI, FL 33176 US		Mailing Address RON KATZ 12927 SW 103 PL MIAMI, FL 33176 US			
2. Principal Place of Business MANGO LANE HOMEOWNERS ASSOCIATION		3. Mailing Address 10364 S.W. 128 TER.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami, FL		City & State Miami, FL 33176		4. FEI Number 59-2159403	
Zip 33176		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		Zip Code
FL					
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF, ANDY			NAME	
STREET ADDRESS	10464 SW 129 TERRACE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEARS, FLOYD			NAME	
STREET ADDRESS	10364 S W 129 TERRACE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176			CITY-ST-ZIP	
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, DIANE			NAME	SECRETARY
STREET ADDRESS	10425 SW 129 TERRACE			STREET ADDRESS	FRAN SEVCIK
CITY-ST-ZIP	MIAMI, FL 33176			CITY-ST-ZIP	10324 SW 129 TERRACE
TITLE	T	<input type="checkbox"/> Delete		TITLE	MIAMI, FL 33176
NAME	SHARP, BYRON			NAME	
STREET ADDRESS	10364 SW 128 TERRACE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERMAN, RICHARD			NAME	
STREET ADDRESS	10404 SW 128 TERRACE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		BYRON D. SHARP		2-14-06 305 2854144	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	