


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # 743826
 1. Entity Name
 MANGO LANE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 MAUGO LANE HOMEOWNERS ASSOC.
 12927 SW 103 PL
 MIAMI, FL 33176 US
 RON KATZ
 10364 SW 128 TERR
 MIAMI, FL 33176 US

DO NOT WRITE IN THIS SPACE



01062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2159403	Applied For Not Applicable
5. Certificate of Status Desired <input 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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOLF, ANDY 10464 SW 129 TERRACE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPEARS, FLOYD 10364 S W 129 TERRACE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEUCIK, FEAN 10324 SW 129 TERR MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHARP, BYRON 10364 SW 128 TERRACE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERMAN, RICHARD 10404 SW 128 TERRACE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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000000582809
 01/11/07-80045-018 61.25

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* Date: *1-6-07* Daytime Phone #: *305 207 4444*

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR