

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 08, 2009
Secretary of State**

DOCUMENT# 743826

Entity Name: MANGO LANE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

MAUGO LANE HOMEOWNERS ASSOC.
12927 SW 103 PL
MIAMI, FL 33176 US

New Principal Place of Business:

MANGO LANE HOMEOWNERS ASSOC.
10364 S.W. 128TH TERRACE
MIAMI, FL 33176 US

Current Mailing Address:

BYRON J SHARP
10364 SW 128 TERR
MIAMI, FL 33176 US

New Mailing Address:

MANGO LANE HOMEOWNERS ASSOC.
10364 S.W. 128TH TERRACE
MIAMI, FL 33176 US

FEI Number: 59-2159403 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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: P () Delete
Name: SPEARS, FLOYD
Address: 10364 S W 129 TERRACE
City-St-Zip: MIAMI, FL 33176

Title: S () Delete
Name: SEVCIK, FRAN
Address: 10324 SW 129 TERR
City-St-Zip: MIAMI, FL 33176

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

Title: D () Delete
Name: FERMAN, RICHARD
Address: 10404 SW 128 TERRACE
City-St-Zip: MIAMI, FL 33176

Title: VP () Delete
Name: FURMAN, DIANA
Address: 10404 SW 128 TERRACE
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
Name:
Address:
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 exemption stated 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 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: BYRON J SHARP

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01/08/2009

Electronic Signature of Signing Officer or Director

Date