


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 23, 2003 8:00 am
Secretary of State

06-23-2003 90061 027 ***470.00

DOCUMENT # 74382C ✓
1. Entity Name
Mango Lane Homeowners Association, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Ron Katz
12927 SW 103 PL
Miami, FL
33176 US

3. Mailing Address
Same

DO NOT WRITE IN THIS SPACE

4. FEI Number NA
Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent
Name KALICHE ANTHONY
Street Address (P.O. Box Number is Not Acceptable)
661 Blue Lagoon Dr.
City **MIAMI, FL** **FL** **Zip** 33125

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 _____ (Name, typed or printed name of registered agent and the filer below) (NOT If Registered Agent signed are recalled when returning) _____ **DATE** _____

9. Fee IS \$61.25 Initial or Amended UBR
10. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE	Treasurer	TITLE	
NAME	JORGE L. ESCALONA	NAME	
STREET ADDRESS	10485 SW 128 Terrace	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33176	CITY-ST-ZIP	
TITLE	Ron Katz	TITLE	
NAME	PRESIDENT	NAME	
STREET ADDRESS	12927 SW 103 Place	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33176	CITY-ST-ZIP	
TITLE	RIP PAULSEN - DIRECTOR	TITLE	
NAME		NAME	
STREET ADDRESS	12826 SW 104 Place	STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33176	CITY-ST-ZIP	
TITLE	DIRECTOR	TITLE	
NAME	DIANE PEREZ GURI	NAME	
STREET ADDRESS	10425 SW 129 Terrace	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33176	CITY-ST-ZIP	
TITLE	DIRECTOR	TITLE	
NAME	BYRON SHARP	NAME	
STREET ADDRESS	10364 SW 128 Terrace	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33176	CITY-ST-ZIP	
TITLE	DIRECTOR	TITLE	
NAME	JEFF STEINER	NAME	
STREET ADDRESS	12829 SW 103 PL	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33176	CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information provided with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with or without improvement.

SIGNATURE: _____ **DATE:** 6/13/03 3059691977