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Mar 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 746205 (4)

1. Corporation Name

MANGO HILL CONDOMINIUM ASSOCIATION NO 10, INC.



Principal Place of Business

Mailing Address

7154-B SW 47 ST.  
MIAMI FL 33155  
US7154-B SW 47 ST.  
MIAMI FL 33155-4654  
US3. Date Incorporated or Qualified  
03/12/19793a. Date of Last Report  
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-2120947Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GROUP CADICORP, INC.  
7154 SW 47 TH STREET  
MIAMI FL 33155

81 Name

SAME. -

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

02-25-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME ARENCIBIA, ANGEL  
STREET ADDRESS 3850 W. 9TH WAY  
CITY- ST- ZIP HIALEAH FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIPTITLE VD ☐ DELETE  
NAME BULKES, FABIOLA  
STREET ADDRESS 3750 W. 9TH WAY  
CITY- ST- ZIP HIALEAH FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIPTITLE TD ☐ DELETE  
NAME WILSON, CASTILLO  
STREET ADDRESS 3780 W. 9TH WAY  
CITY- ST- ZIP HIALEAH FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIPTITLE SD ☐ DELETE  
NAME HERNANDEZ, SILVIA  
STREET ADDRESS 3740 W. 9TH WAY  
CITY- ST- ZIP HIALEAH FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Conrad C. ...* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-25-97

668.4500

Date

Daytime Phone # 0031144

CP2E037 (9/96)