


2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 19, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 746205</b>		
1. Entity Name <b>MANGO HILL CONDOMINIUM ASSOCIATION NO 10, INC.</b>		
Principal Place of Business <b>3840 WEST 9 WAY HIALEAH, FL 33012 US</b>	Mailing Address <b>P.O. BOX 440067 MIAMI, FL 33144 US</b>	



03032008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2120947</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**UNLIMITED PROPERTY MGMT  
7655 NW 50TH ST  
MIAMI, FL 33166**

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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 NOEL DUQUE DATE 3/13/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U00000863992 04/03/08-80115-007 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD GODINES, REYNALDO 3875 W 9TH WAY HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAZARO, PEREZ 3860 W 9TH WAY HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T IGLESIAS, ROLANDO 3905 W. 9TH WAY HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAYAS, ANGEL 3865 W 9TH WAY HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENTANCOURT, LEONARDO L 3790 W 9TH WAY HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: [Signature] DATE 3/13/08 (301) 439-1801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR