## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**Corporation Name

(0)

MANGO HILL CONDOMINIUM ASSOCIATION NO. 12, INC.

Principal Place of Business

Mailing Address

**FILED** 

Apr 14 1998 8:00am

Secretary of State

•	1						
ST OFFICE BOX 3538 ILEAH FL 33012	POST OFFICE BOX 3538 HIALEAH FL 33012			3. Date Incorporated or Qualified 03/12/1979			
				4. FEI Number		Applied For	
				59-2169455		Not Applicable	
Principal Place of Business IIII KaneConcou.se	28. Mailing Address			5. Certificate of Status Desired		.75 Additional see Required	
Suite, Apt. 1, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing Trust Fund Contribution		.00 May Be	
Bay Harbor FC	City & State  28 BAY HAY BOX FL			7. Is this nonprofit corporation a homeowners association?			
38 154 25 Dade	Zip 29 33/54 30 7	22	de	This corporation owes or has paid the operational Property Tax due June 30.	Yes	□ No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
		81	Name				
NUNEZ, LUZMARY 4001 N.W. 5 STREET		82	82 Street Address (P.O. Box Number Is Not Acceptable)				
MIAMI FL 33126		83	,				
			City	F	L 85	Zip Code	
Pursuant to the provisions of Sections 617.050;     office or registered agent, or both, in the State	2 and 617.1508, Florida Statutes, the of Florida. Such change was authorized the statutes of Section 617.0502. Florida Statutes	above ed by	e-named corp the corporal	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of chang ppointme	ging its registered ent as registered	

SIGNATURE  Sloop we have a revisted name of registered agent and title if applicable (NOTE: Registered Agent signature regulard when reinstating)  DATE										
organical space of parties and the magnitude of the magni										
12.	OFFICERS AND DIRECT		<b></b>	Change						
TITLE	PD	☐ DELETE	1.1 TITLE	Chang	E L. AUGILION					
HAME	ZIADET, CARLOS		1.2 NAME							
STREET ADDRESS	3835 W. 8 WAY		1.3 STREET ADDRESS							
CITY-ST-ZIP	HIALEAH FL 33012		1.4 CITY-ST-ZIP							
TITLE	TD	☐ DELETE	2.1 TITLE	☐ Chang	e Addition					
NAME	ALVAREZS, FERNANDO		2.2 NAME							
STREET ADDRESS	3840 W. 8 LANE		2.3 STREET ADDRESS							
CITY-ST-ZIP	HIALEAH FL 33012	<u> </u>	2. 4 CITY-ST-ZIP							
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Chang	e 🔲 Addition					
NAME	MORLA, MARTA		3.2 NAME							
STREET ADDRESS	3805 W. 8TH WAY		3.3 STREET ADDRESS							
CITY-ST-ZIP	HIALEAH FL		3.4. CITY-ST-ZIP							
TITLE		☐ DELETE	4.1 TITLE	☐ Chan	e Addition					
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS		Ì					
CITY-ST-ZIP			4.4 CITY-ST-ZIP							
TITLE		☐ DELETE	5.1 TITLE	☐ Chan	pe 🔲 Addition					
NAME			5.2 NAME		j					
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY - ST - ZIP							
TITLE	-	☐ DELETE	6.1 TITLE	Chang	pe 🔲 Addition					
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS	•						

14. I hereby certify that the information supplied with this fling does not obside 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 apriual 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 employered 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.