## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

MANGO HILL CONDOMINIUM ASSOCIATION NO. 12, INC.

**DOCUMENT #746207** 

## **FILED** Jun 19, 2008 8:00 am Secretary of State

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Principal Plac	e of Business	Mailing Address		Anino	011		
814 WEST 3		PO BOX 440067					
HIALEAH, FL	33012 US	MIAMI, FL 33144 US					
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2 Principal D	lace of Business - No P.O. Box #	2 Mailian Address					
7.801	12117 77 4//-	3 Mailing Address	74071	8	DIILA EEDLI BAIH TUUI BIBI BIBI UU	DIF 81311 DI811 BIBINDI DI 1061	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	11001	<u> </u>			
·	205			05232008 Ch	g-NP CR2E0	37 (12/06)	
Gity & State . City & State				4. FEI Number		Applied For	
MIA	471, 72	MIATI, 1	7	59-216945	5	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Additional	
	166 SA	33199	USA			Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
UNLIMITE	D PROPERTY MANAGEMENT		Name DE	WOUATION	S PADDE	AYON MUD	
7655 NW 5			Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL	33166		6801 NW 77 MET				
			-   <	UITE 20	25	,	
			City /		FL	Zip Code // /	
0 Th 1		<del></del>	$\perp$ $\mu$	441		- 33/66	
	named entity submits this statement for ions of registered agent.	the purpose of changing its regi	istered office or reg	istered agent, or both, in	the State of Florida. I am	amiliar with, and accept	
	(0)	1/2/	. 11.		, <u>-</u>		
SIGNATURE SIGNAT							
SIGNATURE .	Signature type or printed name of registered agrees	nd title if applicable. (NOTE Reg	stered Agent signature rec	quired when reinstating)	DATE	2/00	
	FIRM PARIS ACA OF	A Florida Octobri			Sanka akaa		
	Filing Fee Is \$61.25	9. Election Campai	· · -	\$5.00 May Be		k payable to	
. Di	ue by September 12, 2008	Trust Fund Contr	· · -	\$5.00 May Be Added to Fees		k payable to rtment of State	
<b>D</b> :	ue by September 12, 2008 OFFICERS AND DIR	Trust Fund Contr	· · -	Added to Fees		rtment of State	
10.	OFFICERS AND DIR	Trust Fund Contr	ribution.	Added to Fees	Florida Depar	rtment of State	
TITLE .	OFFICERS AND DIR CHINEA, LUIS	Trust Fund Contr	ribution.   11.  TITLE  NAME	Added to Fees	Florida Depar	rtment of State	
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIR PD CHINEA, LUIS 7001 SW 87 CT	Trust Fund Contr	TITLE NAME STREET ADDRESS	Added to Fees	Florida Depar	rtment of State	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR PD CHINEA, LUIS 7001 SW 87 CT MIAMI, FL 33173	Trust Fund Contr	11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	Florida Depairs TO OFFICERS AND DI FA (YP) A AVE #21	RECTORS IN 10  Control Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIR PD CHINEA, LUIS 7001 SW 87 CT MIAMI, FL 33173	Trust Fund Contr	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE A	Added to Fees	Florida Depairs TO OFFICERS AND DI FA (YP) A AVE #21	rtment of State	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIR PD CHINEA, LUIS 7001 SW 87 CT MIAMI, FL 33173 TD ALVAREZ GUERRA, BARBARA	Trust Fund Contr	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees  ADDITIONS/CHANGE  1/5 Chine  801 NW FI  1/AHI F  LVAREZ G	Florida Depairs TO OFFICERS AND DI FA (YP) A AVE #21	RECTORS IN 10  Control Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIR PD CHINEA, LUIS 7001 SW 87 CT MIAMI, FL 33173 TD ALVAREZ GUERRA, BARBARA 7001 SW 87 CT	Trust Fund Contr	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  A  A  A  C  C  C  C  C  C  C  C  C  C	Added to Fees  ADDITIONS/CHANGE  1/5 Chine  801 NW FI  1/AHI F  LVAREZ G	Florida Depail S TO OFFICERS AND DI A YP A HZ T 33/6 UERRA BA	RECTORS IN 10  Control Addition	
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12. Thereby certify that the information supplied with this filing types 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 fi made under oath; that I am an officer or director of the corporation or the receiver or trystee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on any attachment with an address, with all other like empowered.

SIGNATURÉ: #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #