


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

06-19-2008 90001 008 ****61.25

DOCUMENT # 746207

1. Entity Name
MANGO HILL CONDOMINIUM ASSOCIATION NO. 12, INC.



Principal Place of Business
814 WEST 37 TERRACE
HIALEAH, FL 33012 US

Mailing Address
PO BOX 440067
MIAMI, FL 33144 US

40100014



2. Principal Place of Business - No P.O. Box #
6801 NW 77 AVE
 Suite, Apt. #, etc.
205

3. Mailing Address
PO BOX 940218
 Suite, Apt. #, etc.

05232008 Chg-NP CR2E037 (12/06)

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33166 Country
USA

Zip
33194 Country
USA

4. FEI Number
59-2169455

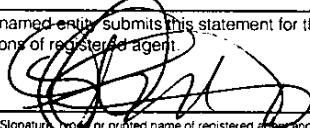
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
UNLIMITED PROPERTY MANAGEMENT
7655 NW 50TH ST
MIAMI, FL 33166

7. Name and Address of New Registered Agent
 Name
RENOVATIONS PROPERTY MNG
 Street Address (P.O. Box Number is Not Acceptable)
6801 NW 77 AVE
SUITE 205
 City
MIAMI FL Zip Code
33166

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  **Marily L Almodovar** DATE **5/23/08**

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

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

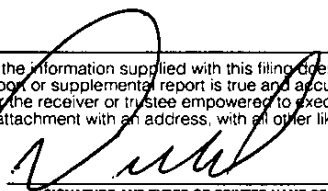
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHINEA, LUIS 7001 SW 87 CT MIAMI, FL 33173	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALVAREZ GUERRA, BARBARA 7001 SW 87 CT MIAMI, FL 33173	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOMEZ, VICTOR 7001 SW 87 CT MIAMI, FL 33173	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JIMENEZ, DIEGO 815 W. 37 TERRACE HIALEAH, FL 33012	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUAREZ, JAQUELINE 3815 W 8 CT HIALEAH, FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	LUIS CHINEA (VP) 6801 NW 77 AVE #205 MIAMI, FL 33166	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALVAREZ GUERRA BARBARA (D) 6801 NW 77 AVE #205 MIAMI, FL 33166	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GOMEZ, VICTOR (P) 6801 NW 77 AVE #205 MIAMI, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUAN CARLOS GUERRA (T) 6801 NW 77 AVE #205 MIAMI, FL 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAQUELINE SUAREZ (S) 6801 NW 77 AVE #205 MIAMI, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **5/23/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR