


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 767278
1. Entity Name
OASIS EN MANGO HILL CONDOMINIUM (MANGO HILL CONDOMINIUM NO. XV) ASSOCIATION, INC.



Principal Place of Business L.M. QUALITY MANAGEMENT P.O. BOX 44-0915 MIAMI, FL 33144 US	Mailing Address L.M. QUALITY MANAGEMENT P.O. BOX 44-0915 MIAMI, FL 33144 US
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04072004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-2267838	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NUNEZ, LUZMARY
402 MINORCA
MIAMI, FL 33134

DO NOT WRITE IN THIS SPACE

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: *[Signature]* LUZMARY NUNEZ DATE: 4/7/04
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when recasting)

Filing Fee is \$61.25 Due by May 1, 2004

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

000000114509
04/15/04-80053-006 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FERNANDEZ, ABEL 3986 W 9 CT HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OROSIL, DELOS SANTOS 3991 W 9TH LN HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AIMEIDA, AGUSTIN 4015 W 9TH LANE HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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 or without the empowered.

SIGNATURE: *[Signature]* OROSIL delos Santos DATE: 4/7/04 DAYTIME PHONE #: 305 446 8634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR