


**2005 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

APPROVED
AND
FILED

05 SEP 27 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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			
2. Principal Place of Business 11890 SW 8 Street Suite, Apt. #, etc. 401		3. Mailing Address Unlimited Property P.O. Box 440067 Suite, Apt. #, etc.		07132005 Chg-NP CR2E037 (10/03)	
City & State MIAMI FL		City & State Miami, Fl.		4. FEI Number 59-2267838	
Zip 33184		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33184		Country USA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NUNEZ, LUZMARY 402 MINORCA MIAMI, FL 33134			7. Name and Address of New Registered Agent Name Frank Perez-Siam Street Address (P.O. Box Number is Not Acceptable) 7001 SW 87 Court City Miami FL Zip Code 33177		
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 <i>Frank Perez</i>			DATE 08/17/05		
Amended AR is \$61.25			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FERNANDEZ, ABEL 3986 W 9 CT HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D FERNANDEZ, Abel 7001 SW 87 Court Miami, Fl. 33177 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OROSIL, DELOS SANTOS 3991 W 9TH LN HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D OROSIL, De Los Santos 7001 SW 87 Ct Miami, Fl. 33177 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AIMEIDA, AGUSTIN 4015 W 9TH LANE HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D ALMEIDA, Agustin 7001 SW 87 Ct Miami, Fl. 33177 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D HERNANDEZ, Elias 7001 SW 87 Ct Miami, Fl. 33177 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600060203786 10/04/05--01015--012 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEP 27 2005		
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 all other lines empowered.					
SIGNATURE: <i>[Signature]</i>			Date 08/17/05 (305) 553-9731		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		