
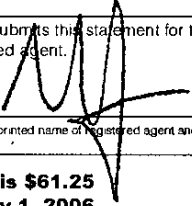
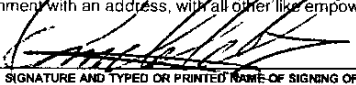


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2006 8:00 am
Secretary of State

05-31-2006 90008 016 ****61.25

DOCUMENT # 767278					
1. Entity Name OASIS EN MANGO HILL CONDOMINIUM (MANGO HILL CONDOMINIUM NO. XV) ASSOCIATION, INC.					
Principal Place of Business		Mailing Address			
11890 SW 8 STREET #401 MIAMI, FL 33184 US		UNLIMITED PROPERTY P.O. BOX 440067 MIAMI, FL 33144			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2267838	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PEREZ-SIAM, FRANK 7001 SW 87 COURT MIAMI, FL 33177			Name UNLIMITED PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 7655 NW 50ST 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			DATE		
			05/01/06		
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 May 1, 2006		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	VP/D	<input type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNANDEZ, ABEL		NAME	JAIMES, CARLOS	
STREET ADDRESS	7001 SW 87 COURT		STREET ADDRESS	7001 SW 87 CT.	
CITY-ST-ZIP	MIAMI, FL 33177		CITY-ST-ZIP	MIAMI FL 33177	
TITLE	P/D	<input type="checkbox"/> Delete	TITLE	D/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OROSIL, DELOS SANTOS		NAME	GONZALES, JULIO	
STREET ADDRESS	7001 SW 87 CT.		STREET ADDRESS	7001 SW 87 CT	
CITY-ST-ZIP	MIAMI, FL 33177		CITY-ST-ZIP	MIAMI, FL 33177	
TITLE	T/D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AIMEIDA, AGUSTIN		NAME		
STREET ADDRESS	7001 SW 87 CT.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33177		CITY-ST-ZIP		
TITLE	S/D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, ELIAS		NAME		
STREET ADDRESS	7001 SW 87 CT.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33177		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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		
			05/01/06 (305) 553-9931		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

50019985



04122006 Chg-NP CR2E037 (11/05)