



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90022 037 ****70.00

DOCUMENT # 767278					
1. Entity Name OASIS EN MANGO HILL CONDOMINIUM (MANGO HILL CONDOMINIUM NO. XV) ASSOCIATION, INC.					
Principal Place of Business 11890 SW 8 STREET #401 MIAMI, FL 33184 US		Mailing Address UNLIMITED PROPERTY P.O. BOX 440067 MIAMI, FL 33144			
2. Principal Place of Business - No P.O. Box # L.M. Quality Mgmt P.O. BOX 440915 City & State Miami FL Zip 33144 Country Dade		3. Mailing Address LM Quality Mgmt P.O. BOX 440915 City & State Miami FL Zip 33144 Country Dade			
4. FEI Number 59-2267838				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				01262007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent UNLIMITED PROPERTY MGMT 7655 NW 50ST MIAMI, FL 33166			7. Name and Address of New Registered Agent Name Orosil De los Santos Street Address (P.O. Box Number is Not Acceptable) 3995 W. 9 Lane City Hialeah FL Zip Code 33012		
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 <u>Orosil De los Santos</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>2/1/07</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		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	VP/D FERNANDEZ, ABEL 7001 SW 87 COURT MIAMI, FL 33177 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Fernandez, Abel 3986 W. 9 ct. Hialeah FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Orosil De los Santos 3995 W. 9 lane Hialeah FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D OROSIL, DELOS SANTOS 7001 SW 87 CT. MIAMI, FL 33177 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Elias Hernandez 4021 W. 9 ct Hialeah FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Elias Hernandez 4021 W. 9 ct Hialeah FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D AIMEIDA, AGUSTIN 7001 SW 87 CT. MIAMI, FL 33177 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Julio Gonzalez 4008 W. 9 ct Hialeah FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Agustin Almeida 4015 W. 9 ct Hialeah FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARLOS, JAMIES 7001 SW 87 CT MIAMI, FL 33177 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, JULIA 7001 SW 87TH CT MIAMI, FL 33177 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input type="checkbox"/> Delete	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: <u>X</u>		<u>Orosil de los Santos</u> President		Date <u>2/1/07</u> Daytime Phone # <u>305 267-2755</u>	