

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90006 036 ****70.00



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| DOCUMENT # 767278 | | | |
| 1. Entity Name OASIS EN MANGO HILL CONDOMINIUM (MANGO HILL CONDOMINIUM NO. XV) ASSOCIATION, INC. | | | |
| Principal Place of Business L.M. QUALITY MGMT P.O. BOX 440915 MIAMI, FL 33144 US | | Mailing Address L.M. QUALITY MGMT P.O. BOX 440915 MIAMI, FL 33144 US | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent OROSIL DE LOS SANTOS 3995 W 9 LANE HIALEAH, FL 33012 | | 7. Name and Address of New Registered Agent Name <u>LUZ MARY MUNER</u> Street Address (P.O. Box Number is Not Acceptable) <u>6200 W. Flagler St #401</u> City <u>Miami</u> FL Zip Code <u>33144</u> | |
| 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>Luzmary Muner</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | DATE <u>4/22/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 3986 W 9 CT HIALEAH, FL 33012 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | AD <u>Abel Fernandez</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition <u>3986 W. 9 ct</u> <u>Hialeah FL 33012</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D OROSIL, DELOS SANTOS 3995 W 9 LANE HIALEAH, FL 33012 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP/D <u>Julio Gonzalez</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition <u>4008 W. 9 ct</u> <u>Hialeah FL 33012</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/D AIMEIDA, AGUSTIN 4021 W 9 CT HIALEAH, FL 33012 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD <u>Orosil Delos Santos</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>3995 W. 9 Lane</u> <u>Hialeah FL 33012</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CARLOS, JAMIES 4008 W 9 CT HIALEAH, FL 33012 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD <u>Elias Hernandez</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>4021 W. 9 ct</u> <u>Hialeah FL 33012</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD GONZALEZ, JULIO 4008 W 9 CT HIALEAH, FL 33012 <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 | D AGUSTIN, ALMEDIA 14015 W 9 CT HIALEAH, FL 33012 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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4. FEI Number 59-2267838 Applied For Not Applicable

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

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: Julio Gonzalez DATE: 4/22/08 DAYTIME PHONE #: 305-267-2755