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Jun 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000040 (7)

1. Corporation Name

MANGO VILLAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

324 W. PINE STREET
STE 11
LANTANA FL 33462
US

324 W. PINE STREET
STE 11
LANTANA FL 33462-3170
US

3. Date Incorporated or Qualified
10/26/1992

3a. Date of Last Report
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0398827

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KUMMALA KALERVO
531 SO LAKESIDE DRIVE
LAKE WORTH FL 33460

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME KUMMALA, KALERVO
STREET ADDRESS 324 W. PINE ST. APT 15
CITY-ST-ZIP LANTANA FL 33462

1.1 TITLE D KUMMALA KALERVO ☒ Change ☐ Addition
1.2 NAME 531 SO. LAKESIDE DRIVE
1.3 STREET ADDRESS LAKE WORTH, FL 33460
1.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME KUMMALA, GRETA
STREET ADDRESS 324 W. PINE ST. APT 15
CITY-ST-ZIP LANTANA FL 33462

2.1 TITLE D LATVA KOKKO PENTTI ☐ Change ☒ Addition
2.2 NAME 326 W. PINE ST. #16
2.3 STREET ADDRESS LANTANA, FL 33462
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME LINDHOLM, KAI
STREET ADDRESS 523 S PALM WAY
CITY-ST-ZIP LAKE WORTH FL 33460

3.1 TITLE D KOSKI ERKKI ☐ Change ☒ Addition
3.2 NAME 326 W. PINE ST. #20
3.3 STREET ADDRESS LANTANA, FL 33462
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

11/01/97 12:53:40 PM

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