

FILE NOW: FILING FEE IS \$61.25

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05-03-1999 90046 036 ****61.25

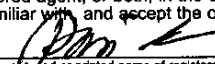
NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N92000000040					
1. Corporation Name MANGO VILLAS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 324 W. PINE STREET STE 11 LANTANA FL 33462 US			Mailing Address 324 W. PINE STREET STE 11 LANTANA FL 33462 US		



2. Principal Place of Business 21 326 W. Pine street		2a. Mailing Address 26 326 W. Pine Street		3. Date Incorporated or Qualified 10/26/1992	
Suite, Apt. #, etc. 22 16		Suite, Apt. #, etc. 27 16		4. FEI Number 65-0398827	
City & State 23 Lantana Florida		City & State 28 Lantana Florida		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip Country 24 33462 25 US		Zip Country 29 33462 30 US		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

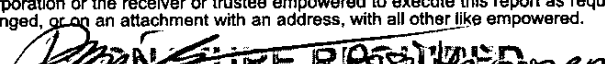
9. Name and Address of Current Registered Agent KUMMALA KALERVO 531 SO LAKESIDE DRIVE LAKE WORTH FL 33460				10. Name and Address of New Registered Agent 81 Name Heinonen Pasi 82 Street Address (P.O. Box Number is Not Acceptable) 326 W. Pine Street # 18 83 84 City Lantana FL 85 Zip Code 33462			
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11. 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  **Pasi Heinonen President** **4/28/99**
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	1.1 TITLE	P ☒ Change ☒ Addition
NAME	KUMMALA, KALERVO	1.2 NAME	Pasi Heinonen
STREET ADDRESS	531 S LAKESIDE DRIVE	1.3 STREET ADDRESS	326 W. Pine Street # 18
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	Lantana FL 33462
TITLE	D ☒ DELETE	2.1 TITLE	D ☒ Change ☒ Addition
NAME	LATVA, KOKKO P	2.2 NAME	Jukka Seppanen
STREET ADDRESS	326 W PINE ST, #16	2.3 STREET ADDRESS	324 W. Pine Street # 12
CITY-ST-ZIP	LANTANA FL	2.4 CITY-ST-ZIP	Lantana FL 33462
TITLE	D ☒ DELETE	3.1 TITLE	T ☒ Change ☒ Addition
NAME	ERKKI, KOSKI	3.2 NAME	Heeri Lehtinen
STREET ADDRESS	326 W PINE ST, #20	3.3 STREET ADDRESS	326 W. Pine Street # 16
CITY-ST-ZIP	LANATANA FL	3.4 CITY-ST-ZIP	Lantana FL 33462
TITLE	D ☐ DELETE	4.1 TITLE	D ☒ Change ☐ Addition
NAME	VIJLUND, SAURI	4.2 NAME	Sakri Viiklund
STREET ADDRESS	324 WEST PINE STREET	4.3 STREET ADDRESS	324 W. Pine St. # 15
CITY-ST-ZIP	LANTANA FL 33462	4.4 CITY-ST-ZIP	Lantana FL 33462
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:  **Pasi Heinonen** **4/28/99 (561) 308-0528**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)