

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000040

1. Entity Name

MANGO VILLAS HOMEOWNERS ASSOCIATION, INC.

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90159 017 ****61.25

Principal Place of Business	Mailing Address
326 W. PINE STREET SUITE 16 LANTANA FL 33462 US	326 W. PINE STREET SUITE 16 LANTANA FL 33462-3171 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0398827	Not Applicable

5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HEINONEN, PASI 326 W. PINE STREET # 18 LAKE WORTH FL 33462	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
<table><tr><td>TITLE</td><td>P</td><td>☐ Delete</td></tr><tr><td>NAME</td><td>HEINONEN, PASI</td><td></td></tr><tr><td>STREET ADDRESS</td><td>326 W. PINE STREET # 18</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>LANTANA FL 33462</td><td></td></tr></table>	TITLE	P	☐ Delete	NAME	HEINONEN, PASI		STREET ADDRESS	326 W. PINE STREET # 18		CITY-ST-ZIP	LANTANA FL 33462		<table><tr><td>TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. 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 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:		04/27/00 (561) 966-4600
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