

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000040

1. Entity Name

MANGO VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

326 W. PINE STREET
SUITE 16
LANTANA FL 33462
US

Mailing Address

326 W. PINE STREET
SUITE 16
LANTANA FL 33462
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0398827

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

HEINONEN, PASI
326 W. PINE STREET # 18
LAKE WORTH FL 33462

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEINONEN, PASI 326 W. PINE STREET # 18 LANTANA FL 33462	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEHTINER, MEERI 326 W. PINE STREET # 16 LANATANA FL 33462	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIKLUND, SAKRI 324 W. PINE STREET # 15 LANTANA FL 33462	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASAMAKI, TIMO 511 N 5TH ST LAKE WORTH FL 33462	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETRI SAARIKOSKI 326 W. PINE STREET # 20 LANTANA FL 33462	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAJAMAKI	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Saki Viklund SAKRI VIKLUND

4/29/01 (761)588-970

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90160 019 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)