2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 06, 2005 8:00 am Secretary of State **DOCUMENT # N92000000040** 04-06-2005 90124 010 ****61.25 MANGO VILLAS HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 326 W. PINE STREET 901 NORTHPOINT PKWY. 50034191 SUITE 16 STE. 108 LANTANA, FL 33462 WEST PALM BEACH, FL 33407 US Principal Place of Business 3. Mailing Address 03052005 Cha-NP CR2E037 (10/03) Applied For 4. FEI Number 65-0398827 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PROPERTU LORTIE, TERRI Street Address (P.O. Box Number is Not Acceptable) 328 W PINE ST., #25 LANTA, FL 33462 WORTH RA 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 Signature, typed or printed name of registered agent and title if applicable DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Defete TITLE Change Addition LORTIE, TERRI NAME NAME STREET ADDRESS STREET ADDRESS 328 PINE ST., #25 CITY-ST-ZIP LANTANA, FL 33462 CITY-ST-ZIP VΡ ☐ Change Addition TITLE Delete TITLE LYMAN, CHARISE NAME NAMÉ 328 PINE ST., #23 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH, FL 33462 ☐ Change Addition TITLE _ Defete HAKKARAINEN, JARI NAME NAME STREET ADDRESS 324 W PINE ST., #13 STREET ADDRESS LANTANA, FL 33462 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE LEHTINEN, MEERI NAME NAME 326 W PINE ST., #16 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LANTANA, FL 33462 CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

☐ 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 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 a. 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.

STREET ADDRESS CITY-ST-7IP

☐ Delete

TITLE NAME STREET ADDRESS

CITY-ST-ZIP

DITE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR