

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N49360

FILED  
Nov 09, 2007  
Secretary of State

**Entity Name:** THE VILLAGES AT MANGO KEY HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

3201 LINDFIELD BLVD.  
KISSIMMEE, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

3201 LINDFIELD BLVD.  
KISSIMMEE, FL 34747

**New Mailing Address:**

**FEI Number:** 59-3138848      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SUTOR, PHILIP  
3201 LINDFIELDS BLVD  
KISSIMMEE, FL 34747 US

**Name and Address of New Registered Agent:**

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: PHILIP SUTOR

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PHILIP, SUTOR  
Address: 3201 LINDFIELDS BLVD  
City-St-Zip: KISSIMMEE, FL 34747

Title: VTD ( ) Delete  
Name: DEACON, JOHN  
Address: 3201 LINDFIELDS BLVD  
City-St-Zip: KISSIMMEE, FL 34747

Title: SD ( ) Delete  
Name: SYMMONDS, ISABEL  
Address: 3201 LINDFIELDS BLVD  
City-St-Zip: KISSIMMEE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP SUTOR

Electronic Signature of Signing Officer or Director

PRES

11/09/2007

Date