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 all other like empowered.

SIGNATURE: CHERYL WOLF

City-State-Zip: MIAMI FL 33176

Electronic Signature of Signing Officer/Director Detail

Date

01/18/2015

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743826

Entity Name: MANGO LANE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

MANGO LANE HOMEOWNERS ASSOC. 10464 S.W. 129TH TERRACE MIAMI, FL 33176

Current Mailing Address:

MANGO LANE HOMEOWNERS ASSOC. 10464 S.W. 129TH TERRACE MIAMI, FL 33176 US

FEI Number: 59-2159403

Name and Address of Current Registered Agent:

KALLICHE, ANTHONY A. 6161 BLUE LAGOON DRIVE, SUITE #250 MIAMI, FL 33126 US

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	Р	Title	S
Name	SPEARS, FLOYD	Name	SEVCIK, FRAN
Address	10364 S W 129 TERRACE	Address	10324 SW 129 TERR
City-State-Zip:	MIAMI FL 33176	City-State-Zip:	MIAMI FL 33176
Title	т	Title	D
Name	WOLF, CHERYL	Name	WOLF, ANDREW
Address	10464 SW 129 TERRACE	Address	10464 SW 129 TERRACE
City-State-Zip:	MIAMI FL 33176	City-State-Zip:	MIAMI FL 33176
Title	VP		
Name	SHARP, BYRON		
Address	10364 SW 128 TERRACE		

I hereby 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

FILED Jan 18, 2015 Secretary of State CC9024295269

Certificate of Status Desired: No

Date