## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 743826** 

Entity Name: MANGO LANE HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 08, 2016
Secretary of State
CC1410643696

## **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 Certificate of Status Desired: No

## 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

Date

Officer/Director Detail:

Title P 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 T 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 VF

Name SHARP, BYRON

Address 10364 SW 128 TERRACE

City-State-Zip: MIAMI FL 33176

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 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 TREASURER

Electronic Signature of Signing Officer/Director Detail

03/08/2016 Date