

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743826

**FILED**  
**Jan 12, 2014**  
**Secretary of State**  
**CC1156647746**

**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

**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  
Name SPEARS, FLOYD  
Address 10364 S W 129 TERRACE  
City-State-Zip: MIAMI FL 33176

Title S  
Name SEVCIK, FRAN  
Address 10324 SW 129 TERR  
City-State-Zip: MIAMI FL 33176

Title T  
Name WOLF, CHERYL  
Address 10464 SW 129 TERRACE  
City-State-Zip: MIAMI FL 33176

Title D  
Name WOLF, ANDREW  
Address 10464 SW 129 TERRACE  
City-State-Zip: MIAMI FL 33176

Title VP  
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**

01/12/2014

Electronic Signature of Signing Officer/Director Detail

Date