

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707780

FILED
Mar 26, 2009
Secretary of State

Entity Name: MANGOWOOD ESTATES CITIZENS ASSOCIATION, INC.

Current Principal Place of Business:

14641 SW 82 CT
MIAMI, FL 33158 US

New Principal Place of Business:

Current Mailing Address:

14641 SW 82 CT
MIAMI, FL 33158 US

New Mailing Address:

FEI Number: 59-1550841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUNN, STEPHEN
14641 SW 82 CT
MIAMI, FL 33158 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KRAMER, SEAN
Address: 8120 SW 151 ST
City-St-Zip: MIAMI, FL 33158

Title: VPD () Delete
Name: BARRIOS, RAY
Address: 15060 SW 80 ST
City-St-Zip: MIAMI, FL 33158

Title: TD () Delete
Name: ADLER, BETH
Address: 8140 SW 151 ST
City-St-Zip: MIAMI, FL 33158

Title: PPD () Delete
Name: GUNN, STEVEN
Address: 14641 SW 82 CT
City-St-Zip: MIAMI, FL 33158

Title: VP () Delete
Name: KOWLESSAR, STANLEY
Address: 8360 SW 148 DR
City-St-Zip: MIAMI, FL 33158

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GREENWELL, DAVID
Address: 8320 SW 151 STREET
City-St-Zip: MIAMI, FL 33158

Title: VPD (X) Change () Addition
Name: TABOR, PAM
Address: 8240 SW 151 STREET
City-St-Zip: MIAMI, FL 33158

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

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

Title: VPD (X) Change () Addition
Name: KOWLESSAR, STANLEY
Address: 8360 SW 148 DR
City-St-Zip: MIAMI, FL 33158

Title: VPD () Change (X) Addition
Name: TABOR, GEORGE
Address: 8240 SW 151 STREET
City-St-Zip: MIAMI, FL 33158

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: BETH ADLER

TD

03/26/2009

Electronic Signature of Signing Officer or Director

Date