


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 741408	
1. Entity Name MANGO HILL CONDOMINIUM ASSOCIATION NO.6, INC.	

Principal Place of Business W 40 ST BETWEEN 10 AND 12 AVE HIALEAH FL 33012	Mailing Address % TPS MANAGEMENT P.O. BOX 661554 MIAMI SPRINGS FL 33266-8554
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

1st MOORE CR2E037 (10/06)

4. FEI Number 52-1283041	Applied For <input type="checkbox"/> Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required							
<table border="1"> <tr> <th>6. Name and Address of Current Registered Agent</th> <th>7. Name and Address of New Registered Agent</th> </tr> <tr> <td rowspan="4">SIEGFRIED, KIPNIST RIVERA PA 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES FL 33134</td> <td>Name</td> </tr> <tr> <td>Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td>City</td> </tr> <tr> <td>State Zip Code FL</td> </tr> </table>		6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	SIEGFRIED, KIPNIST RIVERA PA 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES FL 33134	Name	Street Address (P.O. Box Number is Not Acceptable)	City	State Zip Code FL
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent							
SIEGFRIED, KIPNIST RIVERA PA 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES FL 33134	Name							
	Street Address (P.O. Box Number is Not Acceptable)							
	City							
	State Zip Code FL							

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, JORGE L. 1148 WEST 40 ST. HIALEAH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000656355 03/14/07-80022-007 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HERNANDEZ, ALFREDO 1151 W 40TH ST HIALEAH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEREZ, HILDA T. 1148 WEST 40 ST. HIALEAH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEREZ, HILDA T. 1148 W. 40TH ST. HIALEAH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jorge L. Perez President 2/21/07 305-885-0845