

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90112 038 ****61.25

DOCUMENT # 741784

1. Entity Name
**LAKE MANGO SHORES PROPERTY OWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**4811 GEORGIA AVE
WEST PALM BEACH, FL 33405 US**

Mailing Address
**PO BOX 7610
WEST PALM BEACH, FL 33405 US**



2. Principal Place of Business

Associated Property Mgt
Suite, Apt. #, etc.
1928 LAKE WORTH RD.

3. Mailing Address

Associated Property Mgt
Suite, Apt. #, etc.
1928 LAKE WORTH RD.

03022006 Chg-NP CR2E037 (11/05)

City & State

LAKE WORTH, FL
Zip **33461** Country **USA**

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LAKE WORTH, FL
Zip **33461** Country **USA**

4. FEI Number
59-1663632

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ST. JOHN, CORE, FIORE & LEMME, P.A.
CENTURION TOWER, SUITE 701
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name **Associated Property Management**
Street Address (P.O. Box Number is Not Acceptable)
1928 LAKE WORTH RD.
City **LAKE WORTH** FL Zip Code **33461**

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

3/24/06

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	GUIBERT, TERESA	
STREET ADDRESS	2664 STARWOOD CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GOMBERT, LINDA	
STREET ADDRESS	1467 LAKE MANGO WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	TD	<input type="checkbox"/> Delete
NAME	POWELL, NATALIA	
STREET ADDRESS	2706 STARWOOD COURT	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROTH, PAULA	
STREET ADDRESS	2701 STARWOOD COURT	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TYLER, KATHY	
STREET ADDRESS	1459 LAKE MANGO WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Kathy Tyler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/06
Date

964-0679
Daytime Phone #