

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746206

FILED  
Apr 03, 2009  
Secretary of State

**Entity Name:** MANGO HILL CONDOMINIUM ASSOCIATION NO. 11, INC.

**Current Principal Place of Business:**

879 W. 37TH TERRACE  
HIALEAH, FL 33012 US

**New Principal Place of Business:**

**Current Mailing Address:**

% CAM MANAGEMENT SVC  
P.O. BOX 5103  
HIALEAH, FL 330141103

**New Mailing Address:**

**FEI Number:** 59-2089252

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GONZALEZ, ANITA  
CAM MANAGEMENT SERVICES  
6175 NW 167 ST UNIT G1  
HIALEAH, FL 33015 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: GONZALEZ, OMAR  
Address: 879 W. 37TH TERRACE  
City-St-Zip: HIALEAH, FL 33012 US

Title: STD ( ) Delete  
Name: ALZUGARAY, ERNESTO  
Address: 3850 W. 9TH AVENUE  
City-St-Zip: HIALEAH, FL 33012

Title: D ( ) Delete  
Name: BARRIOS, ARMANDO  
Address: 871 W 37 TERRACE  
City-St-Zip: HIALEAH, FL 33012

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: OMAR GONZALEZ

P/D

04/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date