



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90022 037 ****70.00

DOCUMENT # 767278					
1. Entity Name OASIS EN MANGO HILL CONDOMINIUM (MANGO HILL CONDOMINIUM NO. XV) ASSOCIATION, INC.					
Principal Place of Business 11890 SW 8 STREET #401 MIAMI, FL 33184 US		Mailing Address UNLIMITED PROPERTY P.O. BOX 440067 MIAMI, FL 33144			
2. Principal Place of Business - No P.O. Box # L.M. Quality Mgmt P.O. BOX 440915 City & State Miami FL		3. Mailing Address LM Quality Mgmt P.O. BOX 440915 City & State Miami FL			
Zip 33144		Country Dade		01262007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2267838		Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UNLIMITED PROPERTY MGMT 7655 NW 50ST MIAMI, FL 33166			7. Name and Address of New Registered Agent Name Orosil De los Santos Street Address (P.O. Box Number is Not Acceptable) 3995 W. 9 Lane City Hialeah FL Zip Code 33012		
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 <u>Orosil De los Santos</u> DATE <u>2/1/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing 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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP/D	<input checked="" type="checkbox"/> Delete	TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, ABEL		NAME	Fernandez, Abel	
STREET ADDRESS	7001 SW 87 COURT		STREET ADDRESS	3986 W. 9 ct.	
CITY-ST-ZIP	MIAMI, FL 33177		CITY-ST-ZIP	Hialeah FL 33012	
TITLE	P/D	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OROSIL, DELOS SANTOS		NAME	Orosil De los Santos	
STREET ADDRESS	7001 SW 87 CT.		STREET ADDRESS	3995 W. 9 lane	
CITY-ST-ZIP	MIAMI, FL 33177		CITY-ST-ZIP	Hialeah FL 33012	
TITLE	T/D	<input checked="" type="checkbox"/> Delete	TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AIMEIDA, AGUSTIN		NAME	Elias Hernandez	
STREET ADDRESS	7001 SW 87 CT.		STREET ADDRESS	4021 W. 9 ct	
CITY-ST-ZIP	MIAMI, FL 33177		CITY-ST-ZIP	Hialeah FL 33012	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLOS, JAMIES		NAME	Julio Gonzalez	
STREET ADDRESS	7001 SW 87 CT		STREET ADDRESS	4008 W. 9 ct	
CITY-ST-ZIP	MIAMI, FL 33177		CITY-ST-ZIP	Hialeah FL 33012	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, JULIA		NAME	Agustin Almeida	
STREET ADDRESS	7001 SW 87TH CT		STREET ADDRESS	4015 W. 9 ct	
CITY-ST-ZIP	MIAMI, FL 33177		CITY-ST-ZIP	Hialeah FL 33012	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: X		Orosil de los Santos		2/1/07 305 267-2755	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		President		Date Daytime Phone #	