


**2008 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # 767278 1. Entity Name OASIS EN MANGO HILL CONDOMINIUM (MANGO HILL CONDOMINIUM NO. XV) ASSOCIATION, INC.	
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FILED

2008 NOV -3 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business L.M. QUALITY MGMT P.O. BOX 440915 MIAMI, FL 33144 US	Mailing Address L.M. QUALITY MGMT P.O. BOX 440915 MIAMI, FL 33144 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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10232008 Chg-NP CR2E037 (12/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number 59-2267838	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NUNEZM, LUZMARY 6200 W. FLAGLER ST #401 MIAMI, FL 33144	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

700137571367
11/03/08--01003--010 **\$61.25
10/15/08

SIGNATURE: *[Signature]* LUZMARY NUNEZ DATE: 10/15/08

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

Amended AR is \$61.25	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 PD	NAME FERNANDEZ, ABEL STREET ADDRESS 3986 W 9 CT CITY-ST-ZIP HIALEAH, FL 33012	<input checked="" type="checkbox"/> Delete	TITLE PD NAME Julio Gonzalez STREET ADDRESS 4008 W 9 ct CITY-ST-ZIP Hialeah Fl 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD	NAME GONZALEZ, JULIO STREET ADDRESS 4008 W 9 CT CITY-ST-ZIP HIALEAH, FL 33012	<input checked="" type="checkbox"/> Delete	TITLE VPD NAME Abel Fernandez STREET ADDRESS 3986 W. 9 ct CITY-ST-ZIP Hialeah Fl 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	NAME SANTOS, OROSIL D STREET ADDRESS 3995 W E LANE CITY-ST-ZIP HIALEAH, FL 33012	<input checked="" type="checkbox"/> Delete	TITLE TD NAME Marilyn Diez STREET ADDRESS 3981 W. 9 ct CITY-ST-ZIP Hialeah Fl 33012	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD	NAME HERNANDEZ, ELIAS STREET ADDRESS 4021 W 9 CT CITY-ST-ZIP HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE SD NAME Roberto Ruiz STREET ADDRESS 3968 W. 9 ct CITY-ST-ZIP Hialeah Fl 33012	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D NAME Elias Hernandez STREET ADDRESS 4021 W. 9 ct CITY-ST-ZIP Hialeah, Fl 33012	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE VTD NAME Olga Santos STREET ADDRESS 4061 W. 9 ct CITY-ST-ZIP Hialeah Fl 33012	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *[Signature]* Abel Fernandez Date: 10/15/08 Daytime Phone #: 305 267 2755

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR