

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 24, 2009
Secretary of State**

DOCUMENT# 767278

Entity Name: OASIS EN MANGO HILL CONDOMINIUM (MANGO HILL CONDOMINIUM NO. XV) ASSOCIATION, INC.

Current Principal Place of Business:

L.M. QUALITY MGMT
P.O. BOX 440915
MIAMI, FL 33144 US

New Principal Place of Business:

L.M. QUALITY MGMT
6200 W. FLAGLER ST. 401
MIAMI, FL 33144 US

Current Mailing Address:

L.M. QUALITY MGMT
P.O. BOX 440915
MIAMI, FL 33144 US

New Mailing Address:

FEI Number: 59-2267838 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NUNEZM, LUZMARY
6200 W. FLAGLER ST #401
MIAMI, FL 33144 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, JULIO
Address: 4008 W 9 CT
City-St-Zip: HIALEAH, FL 33012

Title: VPD () Delete
Name: FERNANDEZ, ABEL
Address: 3986 W 9 CT
City-St-Zip: HIALEAH, FL 33012

Title: TD () Delete
Name: DIAZ, MARILYN
Address: 3981 W 9 CT
City-St-Zip: HIALEAH, FL 33012

Title: SD () Delete
Name: RUIZ, ROBERTO
Address: 3968 W 9 CT
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: HERNANDEZ, ELIAS
Address: 4021 W 9 CT
City-St-Zip: HIALEAH, FL 33012

Title: VTD () Delete
Name: SANTOS, OLGA
Address: 4001 W 9 CT
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:

Title: () Change () Addition
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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: JULIO GONZALEZ

PD

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date