2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT.

DOCUMENT # N00000007832

1. Entity Name

MANGROVE BAY PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

625 N FLAGLER DR

NINTH FLOOR W PALM BEACH, FL 33401 Mailing Address

625 N FLAGLER DR NINTH FLOOR

W PALM BEACH, FL 33401

FILED Jan 19, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01112005 No Chg-NP

CR2E037 (10/03)

4. FEI Number 03-0377783

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRETON, PETER L 625 N FLAGLER DR NINTH FLOOR W PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

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 egent and title if applicable. (NOTE Registered Agent signature required when reinstalting) DATE					
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FRUMM, JERROLD H 111 E WACKER DR, 22ND FLOOR CHICAGO, IL 60601		i i		100000184882 01/20/05-80049-003 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KAPLAN, WILLIAM B 111 E WACKER DR, 22ND FLOOR CHICAGO, IL 60601	<u>.</u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, STEPHEN 111 E WACKER DR, 22ND FLOOR CHICAGO, IL 60601			DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 attachman with an address, with all other like empowered.

SIGNATURE