
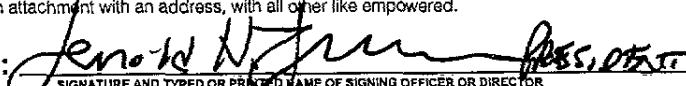


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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	
DO NOT WRITE IN THIS SPACE		
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 _____ <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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KAPLAN, WILLIAM B 111 E WACKER DR, 22ND FLOOR CHICAGO, IL 60601	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, STEPHEN 111 E WACKER DR, 22ND FLOOR CHICAGO, IL 60601	
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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1-9-06 (312) 673-4373 <small>Daytime Phone #</small>



01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number 03-0377783	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U000000395023
01/27/06-80008-003 61.25

**DO NOT WRITE
IN THIS SPACE**