


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90267 036 \*\*\*\*61.25

<b>DOCUMENT # N02000003265</b>	
1. Entity Name MANGO GROVES NEIGHBORHOOD ASSOCIATION, INC.	

Principal Place of Business MANGO GROVES PO BOX 1341 LAKE WORTH, FL 33460	Mailing Address MANGO GROVES PO BOX 1341 LAKE WORTH, FL 33460
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**20046162**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02082005 Chg-NP CR2E037 (10/03)

4. FEI Number 02-0687517		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BETTY C. RESCH, ESQ. 521 LAKE AVE, #1 LAKE WORTH, FL 33460		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2005	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	
T NAME STREET ADDRESS CITY-ST-ZIP CALHOUN, MIKE 415 NORTH L STREET LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Delete	P NAME STREET ADDRESS CITY-ST-ZIP Calhoun, Mike 415 North L St, #1 Lake Worth, FL 33460	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME STREET ADDRESS CITY-ST-ZIP GILLIES, BILLIE J 227 NORTH M STREET LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Delete	V NAME STREET ADDRESS CITY-ST-ZIP Morris, Tom 302 North K St. Lake Worth, FL 33460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P NAME STREET ADDRESS CITY-ST-ZIP PARR, PATRICIA 506 L STREET N LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Delete	S NAME STREET ADDRESS CITY-ST-ZIP Haines, Sherry 328 North K St. Lake Worth, FL 33460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S NAME STREET ADDRESS CITY-ST-ZIP COLE, TAMMIE 617 NORTH M STREET LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Delete	T NAME STREET ADDRESS CITY-ST-ZIP Avilez, Andon 721 North M Street Lake Worth, FL 33460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D NAME STREET ADDRESS CITY-ST-ZIP DELL, SCOTT 124 NORTH L STREET LAKE WORTH, FL 33460	<input type="checkbox"/> Delete	D NAME STREET ADDRESS CITY-ST-ZIP Pant, Michael 610 North L St. Lake Worth, FL 33460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D NAME STREET ADDRESS CITY-ST-ZIP ROWE, GARY 322 NORTH "M" ST. LAKE WORTH, FL 33460	<input type="checkbox"/> Delete	D NAME STREET ADDRESS CITY-ST-ZIP Parr, Pat 506 North L St. Lake Worth, FL 33460	<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 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 attachment with an address, with all other like empowered.

SIGNATURE: Michael J. Calhoun Michael J. Calhoun, President 2/17/05 561-389-4258  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #