


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90016 007 \*\*\*\*61.25

<b>DOCUMENT # N02000003265</b> 1. Entity Name <b>MANGO GROVES NEIGHBORHOOD ASSOCIATION, INC.</b>					
Principal Place of Business <b>MANGO GROVES PO BOX 1341 LAKE WORTH, FL 33460</b>			Mailing Address <b>MANGO GROVES PO BOX 1341 LAKE WORTH, FL 33460</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>02-0687517</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BETTY C. RESCH, ESQ. 521 LAKE AVE, #1 LAKE WORTH, FL 33460</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALHOUN, MIKE 415 NORTH L STREET LAKE WORTH, FL 33460	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anton Aviles 721 North M St Lake Worth, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NORRIS, TOM 302 NORTH K ST LAKE WORTH, FL 33460	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dick Mooney 509 North L Street Lake Worth, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAINES, SHERRY 328 NORTH K ST LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Lyon Nell 601 7th Ave North Lake Worth, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AVILEZ, ANTON 721 NORTH M STREET LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Pat Penn 506 North L Street Lake Worth, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARR, PAT 506 NORTH L ST LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cory Metzler 222 North L Street Lake Worth, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWE, GARY 322 NORTH "M" ST. LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sherry Haines 325 North K Street Lake Worth, FL 33460
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.					
<b>SIGNATURE:</b> <u>Michael J. Calhoun, President</u> <b>1-18-07</b> <b>561-493-1122</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					