

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003265

FILED
Apr 27, 2010
Secretary of State

Entity Name: MANGO GROVES NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

MANGO GROVES
415 NORTH L STREET, APT. 1
LAKE WORTH, FL 33460 US

New Principal Place of Business:

MANGO GROVES
600 LAKE AVENUE
LAKE WORTH, FL 33460 US

Current Mailing Address:

MANGO GROVES
PO BOX 1341
LAKE WORTH, FL 33460 US

New Mailing Address:

FEI Number: 02-0687517 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BETTY C. RESCH, ESQ.
521 LAKE AVE, #1
LAKE WORTH, FL 33460 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: P
Name: AMOROSO, ANDY
Address: 600 LAKE AVENUE
City-St-Zip: LAKE WORTH, FL 33460 US

Title: S
Name: NORRIS, TOM
Address: 302 NORTH K STREET
City-St-Zip: LAKE WORTH, FL 33460 US

Title: D
Name: DEMPSEY, DIANE
Address: 717 NORTH M STREET
City-St-Zip: LAKE WORTH, FL 33460 US

Title: D
Name: AVILEZ, ANTON
Address: 721 NORTH M STREET
City-St-Zip: LAKE WORTH, FL 33460 US

Title: T
Name: PARR, PATRICIA
Address: 506 NORTH L STREET
City-St-Zip: LAKE WORTH, FL 33460 US

Title: D
Name: MOONEY, DICK
Address: 509 NORTH L STREET
City-St-Zip: LAKE WORTH, FL 33460 US

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA PARR

T

04/27/2010

Electronic Signature of Signing Officer or Director

_____ Date