

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003265

FILED
Apr 15, 2011
Secretary of State

Entity Name: MANGO GROVES NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

MANGO GROVES
600 LAKE AVENUE
LAKE WORTH, FL 33460 US

New Principal Place of Business:

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: VP
Name: RICE, GREG
Address: 6388 BELVEDERE ROAD
City-St-Zip: WEST PALM BEACH, FL 334131004 US

Title: T
Name: FACELLA, STEVEN N
Address: 120 N M STREET APT H
City-St-Zip: LAKE WORTH, FL 33460 US

Title: S
Name: PANSA, TAMMY
Address: 116 NORTH L STREET
City-St-Zip: LAKE WORTH, FL 33460

Title: D
Name: SMITH, BRIAN
Address: 413 N L STREET
City-St-Zip: LAKE WORTH, FL 33460

Title: D
Name: PARR, PATRICIA
Address: 506 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: STEVEN N FACELLA

T

04/15/2011

Electronic Signature of Signing Officer or Director

_____ Date