2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008907

FILED Apr 18, 2006 Secretary of State

Entity Name: MANGO CREEK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

27684 IMPERIAL RIVER ROAD BONITA SPRINGS, FL 34134

Current Mailing Address: New Mailing Address:

PO BOX 2171 5865 ELM HILL DR. BONITA SPRINGS, FL 34133 SOLON, OH 44139

FEI Number: 81-0594698 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CODI, ALAN E DUNN, CATHY A

3450 CARTWRIGHT CT. 27684 IMPERIAL RIVER RD.

BONITA SPRINGS, FL 34134 US #202 BONITA SPRINGS, FL 34134 US

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: CATHY A. DUNN 04/18/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: () Change () Addition

 Name:
 DAVIS, MICHAEL J
 Name:

 Address:
 4450 BONITA BEACH ROAD
 Address:

 City-St-Zip:
 BONITA SPRINGS, FL 34134
 City-St-Zip:

Title: DVP () Delete Title: () Change () Addition

 Name:
 INNES, ROBERT L
 Name:

 Address:
 837 COUNTY RD. 19 N
 Address:

 City-St-Zip:
 MAPLE PLAIN, MN 55359
 City-St-Zip:

Title: T/S () Delete Title: T/S (X) Change () Addition

 Name:
 CODI, ALAN E
 Name:
 DUNN, CATHY A

 Address:
 3450 CARTWRIGHT CT.
 Address:
 5865 ELM HILL DR.

 City-St-Zip:
 BONITA SPRINGS, FL 34134
 City-St-Zip:
 SOLON, OH 44139

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CATHY A. DUNN T/S 04/18/2006