

5/1
 5/5 6/1

05-05-2003 91799 025 ****52.50
 06-12-2003 90012 020 *****8.75

**NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N02000008907
 1. Entity Name
 Mango Creek Condominium Association, Inc.



DO NOT WRITE IN THIS SPACE

55050003

2. Principal Place of Business
 801 Twelfth Avenue South
 Suite, Apt. #, etc.
 Suite 300
 City & State
 Naples, Florida
 Zip
 34102
 Country
 USA

3. Mailing Address
 SAME
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **81-0594698**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name **Stanley J. Lieberfarb**
 Street Address (P.O. Box Number is Not Acceptable)
 1100 Fifth Avenue South, Suite 405
 City **Naples, Florida** FL Zip Code **34102**

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: *Stanley Lieberfarb* DATE: **4-28-03**

FEE IS \$81.25 Initial or Amended UBR
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
 Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kenney Schryver D,P 886 15th Avenue South Naples, Florida 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mick Davis D,VP 3876 Bonita Beach Road Bonita Springs, Florida 34134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Louis Scandale - D 3876 Bonita Beach Rd. Bonita Spng, FL 34134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E0378 (12/02)

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 on an attachment with an address, with all other like empowered.
 SIGNATURE: *[Signature]* DATE: **4-28-03** (239) 566-8691