

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 27, 2008 08:00 AM
Secretary of State**

DOCUMENT # N04000011483

1. Entity Name
**MANGO CAY AT THE STRAND CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**3825 BECK BLVD
SUITE 721
NAPLES, FL 34114**

Mailing Address

**3825 BECK BLVD
SUITE 721
NAPLES, FL 34114**



01072008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
20-2709626

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SALVATORI & WOOD, P.L.
4001 TAMiami TRAIL NORTH, SUITE 300
NAPLES, FL 34103**

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000841857
03/11/08-80005-004 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GODE, LARRY
3825 BECK BLVD SUITE 721
NAPLES, FL 34114**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
WHITE, KATHY
3825 BECK BLVD SUITE 721
NAPLES, FL 34114**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
WHITE, KATHY
3825 BECK BLVD SUITE 721
NAPLES, FL 34114**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #