2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State
09-06-2006 90036 030 ****61.25

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1. Entity Name
MANGO RIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3450 BUSCHWOOD PARK DR. SUITE 250 TAMPA, FL 33618	3450 BUSCHWOOD PARK DR. SUITE 250 TAMPA, FL 33618

04262006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
2002 N LOIS AVE	2002 N LOIS AVE
Suite, Apt. #, etc.: STE 507	Suite, Apt. #, etc.: STE 507
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33607 Country: USA	Zip: 33607 Country: USA

4. FEI Number 20-2330946 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZSCHAU, JULIUS J
2701 N. ROCKY POINT DR.
SUITE 930
TAMPA, FL 33607

7. Name and Address of New Registered Agent

Name: LAMB, BRIAN K.
Street Address (P.O. Box Number is Not Acceptable): 2002 N. LOIS AVE
City: TAMPA **FL** Zip Code: 33607

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WILKINSON, CURT 3450 BUSCHWOOD PARK DR., SUITE 250 TAMPA, FL 33618	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CAVALIERE, DAVE 3450 BUSCHWOOD PARK DR., SUITE 250 TAMPA, FL 33618	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CORDILEONE, LESLEY 3450 BUSCHWOOD PARK DR., SUITE 250 TAMPA, FL 33618	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Krumin, Mark 3450 Buschwood Park Drive, Suite 250 Tampa, FL 33618	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FIREBAUGH, CHLOE 3450 BUSCHWOOD PARK DR., SUITE 250 TAMPA, FL 33618	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 8/28/2006 813-775-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #