2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004928

FILED Jul 16, 2008 Secretary of State

Entity Name: MANGO RIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2002 NORTH LOIS AVE SUITE 507 TAMPA, FL 33607 **Current Mailing Address: New Mailing Address:** 2002 NORTH LOIS AVE SUITE 507 TAMPA, FL 33607 FEI Number: 20-2880946 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAMB, BRIAN K 2002 NORTH LOIS AVE TAMPA, FL 33607 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition WILKINSON, CURT DEMERS, MONICA S Name: Name: 3450 BUSCHWOOD PARK DR., SUITE 250 Address: 11618 MANGO RIDGE BLVD. Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: SEFFNER, FL 33584 Title: VD () Delete Title: (X) Change () Addition CAVALIERE, DAVE Name: MALDONADO, MARTIN Name: Address: 3450 BUSCHWOOD PARK DR., SUITE 250 Address: 11616 MANGO RIDGE BLVD. City-St-Zip: TAMPA, FL 33618 City-St-Zip: SEFFNER, FL 33584 Title: () Delete Title: (X) Change () Addition KRUMIN, MARK Name: WILLIAMS, NICOLE Name: 3450 BUSCHWOOD PARK DR., SUITE 250 11611 MANGO RIDGE BLVD. Address: Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: SEFFNER, FL 33584 Title: TD () Delete Title: (X) Change () Addition Name: FIREBAUGH, CHLOE Name: STADEL, SARAH 3450 BUSCHWOOD PARK DR., SUITE 250 11632 MANGO RIDGE BLVD. Address: Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: SEFFNER, FL 33584 Title: () Delete Title: () Change (X) Addition MULLEN, ANTHONY C Name: Name: 5301 ALOHA SEED DRIVE Address: Address: City-St-Zip: City-St-Zip: SEFFNER, FL 33584

I hereby certify that the information supplied with this filing does not qualify 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: MONICA DEMERS P 07/16/2008