2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# N05000004928

Entity Name: MANGO RIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2002 NORTH LOIS AVE
SUITE 507
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2002 NORTH LOIS AVE
SUITE 507
TAMPA, FL 33607

New Mailing Address:

FEI Number: 20-2880946 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMB, BRIAN K
2002 NORTH LOIS AVE
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: DEMERS, MONICA S
Address: 11618 MANGO RIDGE BLVD.
City-St-Zip: SEFFNER, FL 33584

Title: VP ( ) Delete
Name: MALDONADO, MARTIN
Address: 11616 MANGO RIDGE BLVD.
City-St-Zip: SEFFNER, FL 33584

Title: T ( ) Delete
Name: WILLIAMS, NICOLE
Address: 11611 MANGO RIDGE BLVD.
City-St-Zip: SEFFNER, FL 33584

Title: S ( ) Delete
Name: STADEL, SARAH
Address: 11632 MANGO RIDGE BLVD.
City-St-Zip: SEFFNER, FL 33584

Title: D ( ) Delete
Name: MULLEN, ANTHONY C
Address: 5301 ALOHA SEED DRIVE
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: MAXWELL, CRYSTAL
Address: 11638 MANGO RIDGE BLVD.
City-St-Zip: SEFFNER, FL 33584

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: CHUI, NATHAN
Address: 11634 MANGO RIDGE BLVD.
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: BRIAN K. LAMB CEO 03/18/2009

Electronic Signature of Signing Officer or Director — Date