

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012534

FILED  
Apr 14, 2009  
Secretary of State

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

**Current Principal Place of Business:**

10481 SIX MILE CYPRESS PARKWAY  
FT MYERS, FL 33912

**New Principal Place of Business:**

1719 TRADE CENTER WAY  
#4  
NAPLES, FL 34109

**Current Mailing Address:**

10481 SIX MILE CYPRESS PARKWAY  
FT MYERS, FL 33912

**New Mailing Address:**

P.O. BOX 8478  
NAPLES, FL 34101

FEI Number: 20-5132499

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMAS, BRAD  
1719 TRADE CENTER WAY #4  
NAPLES, FL 34109 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: DP ( ) Delete  
Name: GIORDANO, JOSEPH  
Address: 5730 MANGO CIRCLE  
City-St-Zip: NAPLES, FL 34110

Title: DVP ( ) Delete  
Name: FORBES, BLAINE  
Address: 5733 MANGO CIRCLE  
City-St-Zip: NAPLES, FL 34110

Title: DST ( ) Delete  
Name: BARRIOS, VERONICA  
Address: 5709 MANGO CIRCLE  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: JOSEPH GIORDANO

PD

04/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date