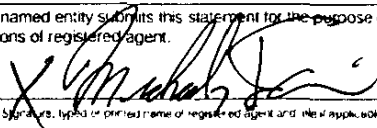
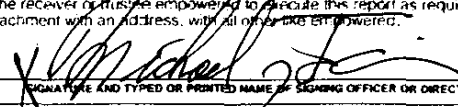


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90027 021 ****61.25

DOCUMENT # N07000008528					
1. Entity Name MANGO BOAT CLUB, INC.					
Principal Place of Business 4450 BONITA BEACH ROAD SUITE 6 BONITA SPRINGS, FL 34134			Mailing Address 4450 BONITA BEACH ROAD SUITE 6 BONITA SPRINGS, FL 34134		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 51-0753817	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DAVIS, MICHAEL J 4450 BONITA BEACH ROAD SUITE 6 BONITA SPRINGS, FL 34134			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 		PRES		1-29-08	
Filing Fee is \$61.25 X Due by May 1, 2008		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 DAVIS, MICHAEL J 4450 BONITA BEACH ROAD, SUITE 6 BONITA SPRINGS, FL 34134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add on	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAVIS, ADAM J 4450 BONITA BEACH ROAD, SUITE 6 BONITA SPRINGS, FL 34134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ZILLMAN, MARCUS P 4450 BONITA BEACH ROAD, SUITE 6 BONITA SPRINGS, FL 34134	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Knapp, Susan K. 10298 Pecosylvanial Ave Bonita Springs, FL 34135	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	STD Knapp, Susan K. 10298 Pecosylvanial Ave Bonita Springs, FL 34135
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 only the empowered.					
SIGNATURE: 		1-29-08		PRES	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		Filing Period	