## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Sep 12, 2008 Secretary of State

DOCUMENT# N13458 Secretary of State Entity Name: OASIS EN MANGO HILL CONDOMINIUM (MANGO HILL CONDOMINIUM NO. XVI) ASSOCIATION, **Current Principal Place of Business: New Principal Place of Business:** 4182 WEST 9TH LANE HIALEAH, FL 33012 **Current Mailing Address: New Mailing Address:** 7700 NORTH KENDALL DRIVE SUITE PH-2 MIAMI, FL 33156 US FEI Number: 59-2267838 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: CADICORP MANAGEMENT GROUP 7700 NORTH KENDALL DRIVE SUITE PH-2 MIAMI, FL 33156 US 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 () Change () Addition ESQUIVIA, LUIS Name: Name: 4182 WEST 9TH LANE Address: Address: City-St-Zip: HIALEAH, FL 33012 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: ROLON, CARMEN Name: Address: 4157 WEST 9TH COURT Address: City-St-Zip: HIALEAH, FL 33012 City-St-Zip: Title: () Delete Title: () Change () Addition BARREIRO, IRIAN Name: Name: Address: 4148 WEST 9TH LANE Address: City-St-Zip: HIALEAH, FL 33012 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition Name: Name: RODOLFO, GALEANO 4130 WEST 9TH LANE Address: Address: City-St-Zip: City-St-Zip: HIALEAH, FL 33012

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LUIS ESQUIVIA PD 09/12/2008

() Delete

Title:

Name:

Address:

City-St-Zip:

( ) Change (X) Addition

AUGUSTO, MENDEZ

HIALEAH, FL 33012

4194 WEST 9TH COURT