

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90217 021 ****61.25

DOCUMENT # N43604

1. Entity Name
MANGO PARK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**2233 11TH AVENUE W.
BRADENTON, FL 34205 US**

Mailing Address
**POST OFFICE BOX 916
BRADENTON, FL 34206 US**

14007668



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0295678

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARCUS, DIANE S
2233 11TH AVENUE W.
BRADENTON, FL 34205**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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 **DS** ☐ Delete
NAME **DEPRE, PAT**
STREET ADDRESS **9222 19TH DR. NW**
CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE **D/T** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Delete
NAME **COLAVITO, DEBI**
STREET ADDRESS **9226 19TH DRIVE N.W.**
CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE **D/S** ☐ Change ☒ Addition
NAME **Ronald Sikkema**
STREET ADDRESS **1903 91st St. N.W.**
CITY-ST-ZIP **Bradenton, FL 34209**

TITLE **DT** ☐ Delete
NAME **KING, HELEN**
STREET ADDRESS **9118 19TH DRIVE N.W.**
CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE **D/P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/05

941-746-4998

Date

Daytime Phone #