2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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May 07, 2007 8:00 am Secretary of State 05-07-2007 90064 024 ****61.25 DOCUMENT # N43604 MANGO PARK HOMEOWNERS ASSOCIATION, INC. dosnia. Principal Place of Business Mailing Address POST OFFICE BOX 916 2233 11TH AVENUE W. BRADENTON, FL 34206 BRADENTON, FL 34205 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 04302007 Chq-NP CR2E037 (12/06) 4. FEI Number 65-0295678 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARCUS, DIANE S 2233 11TH AVENUE W. Street Address (P.O. Box Number is Not Acceptable) BRADENTON, FL 34205 Zip Code City FL 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee Is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change TITLE **Delete** TITLE NAME DEPREE, PAT PÉCK, Douglas 1711 91st St. STREET ADDRESS 9222 19TH DR. NW STREET ADDRESS N.W. BRADENTON, FL 34209 CITY-ST-ZIP CiTY-ST-ZIP Bradenton, F 34209 TITLE Delete TITLE XX Change Addition SILLEMA, RONALD NAME Bikkema STREET ADDRESS STREET ADDRESS 1903 91ST ST NW CITY-ST-ZIP BRADENTON, FL 34209 CITY-ST-ZIP DT ☐ Delete Change ☐ Addition TITLE TITLE RANKIN JOHN NAME NAME STREET ADDRESS 9210 19TH DR. N.W. STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34209 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 other like empowered.

Ronald Sikkema

NAME OF SIGNING OFFICER OR DIRECTOR

FILED