

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90028 025 ****61.25

DOCUMENT # N92C000000040

1. Entity Name

MANGO VILLAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**ASSOCIATED PROPERT MGMT
1928 LAKE WORTH RD
LAKE WORTH FL 33461
US**

Mailing Address

**ASSOCIATED PROPERT MGMT
1928 LAKE WORTH RD
LAKE WORTH FL 33461
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0398827

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASSOCIATED PROPERTY MNGMT
1928 LAKE WORTH RD
LAKE WORTH FL 33461**

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

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LORTIE, TERRI	
STREET ADDRESS	328 PINE ST., #25	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HAKKARAINEN, JARI	
STREET ADDRESS	324 W PINE ST., #13	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEHTINEN, MEERI	
STREET ADDRESS	326 W PINE ST., #16	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARRAU, LUCIEN	
STREET ADDRESS	322 WEST PINE ST. #6	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOOD, CAMILLE	
STREET ADDRESS	322 WEST PINE ST. #7	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMBRY, NICOLE	
STREET ADDRESS	324 WEST PINE ST. #14	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

[Handwritten Signature]