

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90850 044 \*\*\*\*61.25

<b>DOCUMENT # N92000000040</b> 1. Entity Name <b>MANGO VILLAS HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>ASSOCIATED PROPERTY MGMT 1928 LAKE WORTH RD LAKE WORTH, FL 33461 US</b>			Mailing Address <b>ASSOCIATED PROPERTY MGMT 1928 LAKE WORTH RD LAKE WORTH, FL 33461 US</b>		
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 <b>65-0398827</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ASSOCIATED PROPERTY MNGMT 1928 LAKE WORTH RD LAKE WORTH, FL 33461</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRAU, LUCIE N		NAME		
STREET ADDRESS	322 W PINE ST 6		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33462		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOOD, CAMILLE		NAME		
STREET ADDRESS	322 W PINE ST 7		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33462		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEHTINEN, MEERI		NAME		
STREET ADDRESS	326 W PINE ST., #16		STREET ADDRESS		
CITY-ST-ZIP	LANTANA, FL 33462		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EMBRY, NICOLE		NAME		
STREET ADDRESS	324 W PINE ST 14		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33462		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D SAARIKOSKI, PETRI	
STREET ADDRESS			STREET ADDRESS	326 W. PINE ST. #20	
CITY-ST-ZIP			CITY-ST-ZIP	LANTANA, FL 33462	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/26/07</b> (561) 434-5387 <small>Daytime Phone #</small>		

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04032007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0398827**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 P  
NAME BARRAU, LUCIE N  
STREET ADDRESS 322 W PINE ST 6  
CITY-ST-ZIP LAKE WORTH, FL 33462 ☒ Delete

TITLE S  
NAME BOOD, CAMILLE  
STREET ADDRESS 322 W PINE ST 7  
CITY-ST-ZIP LAKE WORTH, FL 33462 ☐ Delete

TITLE T  
NAME LEHTINEN, MEERI  
STREET ADDRESS 326 W PINE ST., #16  
CITY-ST-ZIP LANTANA, FL 33462 ☐ Delete

TITLE D  
NAME EMBRY, NICOLE  
STREET ADDRESS 324 W PINE ST 14  
CITY-ST-ZIP LAKE WORTH, FL 33462 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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**SIGNATURE:** *[Signature]* **TREASURER** 4/26/07 (561) 434-5387  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #