

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N92000000040					
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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	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.					
SIGNATURE: _____		TREASURER/26/07		(561) 434-5387	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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4. FEI Number 65-0398827 Applied For Not Applicable

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