

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90095 008 \*\*\*\*80.00

**DOCUMENT # N99000004284**

1. Entity Name

**MANGO PROMENADE HISTORIC NEIGHBORHOOD ASSOCIATIO**

Principal Place of Business

Mailing Address

**290 QUEENS COURT  
 WEST PALM BEACH FL 33401**

**290 QUEENS COURT  
 WEST PALM BEACH FL 33401**

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

**APPLIED FOR**

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

**WATSON, JAMES  
 290 QUEENS COURT  
 WEST PALM BEACH FL 33401**

Name

**31-1674305**

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.

SIGNATURE

*James Watson*

**2/17/01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE \$61.25**

**61.25  
 8.75  
 80.00**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LITTLE, JAY</b> <b>327 CROTON WAY</b> <b>WEST PALM BEACH FL 33401</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MILLER, BERT</b> <b>290 AUSTIN LANE</b> <b>WEST PALM BEACH FL 33401</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LANNING, CARLA</b> <b>306 VALETTE WAY</b> <b>WEST PALM BEACH FL 33401</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WATSON, JAMES</b> <b>290 QUEENS CT</b> <b>WEST PALM BEACH FL 33401</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CASEY, KATTIE</b> <b>311 VALETTE WAY</b> <b>WEST PALM BCH. FL 33401</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TRIBBY, DONNA</b> <b>320 MANGO PROMENADE</b> <b>WEST PALM BCH. FL 33401</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>SAWN MCGUIRE</b> <b>221 Wildermere Rd</b> <b>WPB, FL 33401</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*James Watson*

**2/17/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)