

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004328

FILED  
Feb 27, 2006  
Secretary of State

**Entity Name:** THE MANGROVE POINT HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

3806 REDFISH COURT  
PALMETTO, FL 34221 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1500  
PALMETTO, FL 34220 US

**New Mailing Address:**

**FEI Number:** 65-0936227

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRYE, PATRICK  
3806 REDFISH COURT  
PALMETTO, FL 34221 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FRYE, PATRICK  
Address: 3806 REDFISH COURT  
City-St-Zip: PALMETTO, FL 34221

Title: D ( ) Delete  
Name: TYLER, ROBIN  
Address: 4200 REDFISH COURT  
City-St-Zip: PALMETTO, FL 34221

Title: D ( ) Delete  
Name: HUME, SUSAN  
Address: 3810 REDFISH COURT  
City-St-Zip: PALMETTO, FL 34221

Title: D ( ) Delete  
Name: KAKLIS, VICKI  
Address: 4304 REDFISH CT.  
City-St-Zip: PALMETTO, FL 34221

Title: D ( ) Delete  
Name: GROBAKER, CHRIS  
Address: 4209 REDFISH COURT  
City-St-Zip: PALMETTO, FL 34210

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SAIA, NIRUPA  
Address: 4104 COBIA COURT  
City-St-Zip: PALMETTO, FL 34221

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NIRUPA SAIA

D

02/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date