2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P01000056468 1. Entity Name MANGO PLACE TOWNHOMES



01-13-2003 90099 018 ***150.00

		NC.				
Principal Place of Business 1220 DANBURY AVE 1220 DANBURY AVE DAVIE FL 33325 US Mailing Address 1220 DANBURY A DAVIE FL 33325 US				I ISSIVARI SIL SALER SIGIL GALL ARIN ARIN AR	IEI AINE ANN ANN ANN ANN	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
		City & State		4. FEI Number 65-1112994	Applied For	
	Country	Zip	Country	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		
GUERRIERI, FRANK 14340 ARLINGTON PLACE DAVIE FL 33325				Name Street Address (P.O. Box Number is Not Acceptable)		
8. The above	e named entity cultimits this		City	i ' El Lin Code L		
the obliga				stered agent, or both, in the State of Florida. I am	familiar with, and accept	
ξ F		The title in applicable. (No.	OTE: Registered Agent signature req	uired when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS 11.			11.	ADDITIONS (OHANGES TO STEEL STEEL)	j	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEGRAVES, KATHRINE E 7099 EAST TROPICAL WAY PLANTATION FL 33317	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11 Change Addition	

☐ Delete TITLE SIRAVO, ANTHONY ☐ Change Addition STREET ADDRESS 14300 ARLINGTON PLACE STREET ADDRESS CITY-ST-ZIP DAVIE FL 33324 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change GUERRIERI, DANIEL ☐ Addition NAME STREET ADDRESS 1220 DANBURY AVENUE STREET ADDRESS CITY-ST-ZIP DAVIE FL 33325 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME GUERRIERI, FRANK Change ☐ Addition NAME STREET ADDRESS 14340 ARLINGTON PLACE STREET ADDRESS CITY-ST-ZIP DAVIE FL 33324 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME \square Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

tentaij IRED