# 2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

DOCUMENT# N05000004928

Entity Name: MANGO RIDGE HOMEOWNERS ASSOCIATION, INC.

**FILED** May 20, 2017 **Secretary of State** CC7362870214

### **Current Principal Place of Business:**

13220 N. 56 STREET

TEMPLE TERRACE, FL 33611

## **Current Mailing Address:**

5450 BRUCE B. DOWN BLVD SUITE 309

WESLEY CHAPEL. FL 33544 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: No.

## Name and Address of Current Registered Agent:

PREMIUM SOLUTIONS GROUP 13220 N. 56 STREET TEMPLE TERRACE, FL 33611 US

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: CHERLENE ADEWUNMI

05/20/2017

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Р Title Title **TREASURER** Name BOWENS, MILDRED Name MILLER, CARLA

Address 5450 BRUCE B. DOWN BLVD Address 5450 BRUCE B. DOWN BLVD SUITE 309

SUITE 309

WESLEY CHAPEL FL 33544 City-State-Zip: WESLEY CHAPEL FL 33544 City-State-Zip:

Title VΡ Title DIRECTOR

Name DUBY, NANCY Name PAUL, HANSEN

Address 5450 BRUCE B. DOWN BLVD Address 5450 BRUCE B. DOWN BLVD. SUITE 309

City-State-Zip: WESLEY CHAPEL FL 33544 City-State-Zip: WESLEY CHAPEL FL 33544

Title SECRETARY Name O DEA, DAVID

Address 5450 BRUCE B. DOWN BLVD. City-State-Zip: WESLEY CHAPEL FL 33544

I hereby 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 all other like empowered.

SIGNATURE: MILDRED BOWENS

Electronic Signature of Signing Officer/Director Detail

05/20/2017 **PRESIDENT**