

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90217 043 ****61.25

DOCUMENT # 720748

1. Entity Name

MANSON CONDOMINIUM ASSOCIATION NO. 3, INC.



Principal Place of Business

10330 N MILITARY TRAIL
4B
WEST PALM BEACH FL 33410
US

Mailing Address

4070 CATALPHA AVENUE
PALM BEACH GARDENS FL 33410



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

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

QUINN, JODY
4070 CATALPHA AVENUE
PALM BEACH GDNS FL 33410

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MOSSEY, M.	
STREET ADDRESS	10330 N MILITARY TRAIL	
CITY- ST- ZIP	PALM BCH GRDNS FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	ERNST, JOSEPH G	
STREET ADDRESS	10330 N. MILITARY TR., #7A	
CITY- ST- ZIP	PALM BEACH GARDENS FL 33410	
TITLE	VP	<input type="checkbox"/> Delete
NAME	REINHARD, LAURA	
STREET ADDRESS	10330 N. MILITARY TR., #1B	
CITY- ST- ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAMPION, EDMOND	
STREET ADDRESS	10330 N MILITARY TRAIL	
CITY- ST- ZIP	PALM BCH GRDNS FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RUSCH, BETTY MAE	
STREET ADDRESS	10330 MILITARY TR # 3B	
CITY- ST- ZIP	PALM BCH GRDNS FL 33410	
TITLE	S	<input type="checkbox"/> Delete
NAME	ELLIS, REBECCA	
STREET ADDRESS	10330 MILITARY TRAIL #5A	
CITY- ST- ZIP	PALM BEACH GARDENS FL 33410	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Quinn, Mark
STREET ADDRESS	4070 Catalpha Ave.
CITY- ST- ZIP	PBG FL 33410
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Quinn, Jody
STREET ADDRESS	4070 Catalpha Ave.
CITY- ST- ZIP	PBG FL 33410
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jody Quinn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-06 561-725-2162
Date Signature Phone #