

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90123 016 ****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

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

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 **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ERNST, JOSEPH G
10330 NORTH MILITARY TR
APT. 7A
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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 type="checkbox"/> Delete
NAME	CAMPION, EDMOND	
STREET ADDRESS	10330 N MILITARY TRAIL	
CITY-ST-ZIP	PALM BCH GRDNS FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CURRAN, GENEVESE	
STREET ADDRESS	10330 N. MILITARY TR., #5B	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	T	<input type="checkbox"/> Delete
NAME	RUSCH, BETTY MAE	
STREET ADDRESS	10330 MILITARY TR # 3B	
CITY-ST-ZIP	PALM BCH GRDNS FL 33410	

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 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 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: *[Handwritten Signature]*

3/24/03

CR2E037 (10/02)