

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90059 023 \*\*\*\*61.25



NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 727139**

1. Corporation Name  
**THE MANORS CLUB, INC.**

Principal Place of Business      Mailing Address  
 4162 INVERRARY DRIVE      4162 INVERRARY DRIVE  
 LAUDERHILL FL 33319      LAUDERHILL FL 33319



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/08/1973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip      Country		Zip      Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24      25		29      30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CAMPBELL PROPERTY MGMT. & REAL ESTATE, INC 4162 INVERRARY DRIVE LAUDERHILL FL 33319				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	SEAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLANTZ, RALPH	1.2 NAME	RY BELTZER
STREET ADDRESS	4162 INVERRARY DRIVE	1.3 STREET ADDRESS	4158 INVERRARY DR
CITY-ST-ZIP	LAUDERHILL FL	1.4 CITY-ST-ZIP	LAUDERHILL, FL
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHERMER, GLADYS	2.2 NAME	HERB KODIS
STREET ADDRESS	4162 INVERRARY DRIVE	2.3 STREET ADDRESS	4174 INVERRARY DR LAUDERHILL, FL
CITY-ST-ZIP	LAUDERHILL FL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	DRESCHER, MILTON, DIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKLAR, PHILIP	3.2 NAME	4154 INVERRARY DR
STREET ADDRESS	4162 INVERRARY DR.	3.3 STREET ADDRESS	LAUDERHILL, FL
CITY-ST-ZIP	LAUDERHILL FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	SECV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RECHT, NORMAN	4.2 NAME	BERMAN, HELENE
STREET ADDRESS	4162 INVERRARY DRIVE	4.3 STREET ADDRESS	4164 INVERRARY DR
CITY-ST-ZIP	LAUDERHILL FL	4.4 CITY-ST-ZIP	LAUDERHILL, FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOIFER, JOSEPH	5.2 NAME	
STREET ADDRESS	4162 INVERRARY DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	5.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TACHER, AL	6.2 NAME	
STREET ADDRESS	4162 INVERRARY DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED *Alman Keener* 4/27/99-485-2115  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CRZE037 (11/98)