


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

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90206 015 ****61.25

DOCUMENT # 727139

1. Entity 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 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CAMPBELL PROPERTY MGMT. & REAL ESTATE, INC
4162 INVERRARY DRIVE
LAUDERHILL FL 33319

7. Name and Address of New Registered Agent

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

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERMAN, HELENE	
STREET ADDRESS	4164 INVERRARY DRIVE	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAUFER, SAM	
STREET ADDRESS	4164 INVERRARY DR	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	P	<input type="checkbox"/> Delete
NAME	TRENK, SEYMOUR	
STREET ADDRESS	4126 INVERRARY DR	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	RECHT, NORMAN	
STREET ADDRESS	4174 INVERRARY DR	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	UP	<input type="checkbox"/> Delete
NAME	JOIFER, JOSEPH	
STREET ADDRESS	4166 INVERRARY DR. #312	
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BELTZER, RY	
STREET ADDRESS	4158 INVERRARY DR	
CITY-ST-ZIP	LAUDERHILL FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roger Pytko	
STREET ADDRESS	4164 Inverrary Dr. #912	
CITY-ST-ZIP	Lauderhill, FL 33319	
TITLE	Laura Fraijo	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4174 Inverrary Dr. #215	
STREET ADDRESS	Lauderhill, FL 33319	
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	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Seymour Cooper	
STREET ADDRESS	4168 Inverrary Dr. # 101	
CITY-ST-ZIP	Lauderhill, FL 33319	

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 as an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: **2/10/03** PHONE: **984-485-2115**

CR2E037 (10/02)