

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 95 FEB 22 AM 11:06

DOCUMENT # **748470** (2)  
 1. Corporation Name  
**MANOR CLUB CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>2020 TERRA MAR DRIVE POMPANO BEACH FL 33062</b>	Mailing Address <b>2020 TERRA MAR DRIVE POMPANO BEACH FL 33062</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/09/1979</b>	3a. Date of Last Report <b>02/18/1994</b>
4. FEI Number <b>59-1144297</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**CONDONET, INC.  
 7300 W. MCNAB ROAD #212  
 TAMARAC, FL  
 TAMARAC FL 33321**

10. Name and Address of New Registered Agent

81. Name <b>Condonet, Inc.</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>1100 Park Central Blvd. S.</b>
83. Suite <b>Suite 1100</b>
84. City <b>Pompano Beach FL</b>
85. Zip Code <b>33064</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	NAME <b>MEVIS, JOYCE</b>	STREET ADDRESS <b>2020 TERRA MAR DR. POMPANO BEACH FL</b>
TITLE <b>VP</b>	NAME <b>DUHAMEL, EDGAR</b>	STREET ADDRESS <b>2020 TERRA MAR DR POMPANO BEACH FL</b>
TITLE <b>STD</b>	NAME <b>NEUBAUER, CLIFFORD</b>	STREET ADDRESS <b>2020 TERRA MAR DR. POMPANO BEACH FL</b>
TITLE <b>D</b>	NAME <b>RIZZO, CHARLES</b>	STREET ADDRESS <b>2020 TERRA MAR DR. POMPANO BCH, FL 00000</b>
TITLE <b>D</b>	NAME <b>REITZ, PETER</b>	STREET ADDRESS <b>2020 TERRA MAR DR. POMPANO BCH, FL 00000</b>
TITLE	NAME	STREET ADDRESS
TITLE	NAME	STREET ADDRESS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PD</b>	1.2 NAME <b>Charles Rizzo</b>	1.3 STREET ADDRESS <b>2020 Terra Mar Dr.</b>	1.4 CITY - ST - ZIP <b>Pompano Bch FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME <b>same</b>	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE <b>S/D</b>	3.2 NAME <b>Clifford Neubaur</b>	3.3 STREET ADDRESS <b>2020 Terra Mar Dr</b>	3.4 CITY - ST - ZIP <b>Pompano Beach FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE <b>D</b>	4.2 NAME <b>Thomas Rowland</b>	4.3 STREET ADDRESS <b>2020 Terra Mar Dr.</b>	4.4 CITY - ST - ZIP <b>Pompano Bch FL</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE <b>T/D</b>	5.2 NAME <b>Paul Fox</b>	5.3 STREET ADDRESS <b>2020 Terra Mar Dr.</b>	5.4 CITY - ST - ZIP <b>Pompano Bch, FL</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in an attachment with an address.

SIGNATURE: Paul Fox Paul Fox 2-18-95 305-785-6825  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in twice if