

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90126 003 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 748470**

1. Corporation Name

**MANOR CLUB CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

2020 TERRA MAR DRIVE  
 POMPANO BEACH FL 33062

Mailing Address

2020 TERRA MAR DRIVE  
 POMPANO BEACH FL 33062



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/09/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1144297	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**CONDONET, INC.**  
 1100 PARK CENTRAL BLVD. S.  
 SUITE 1100  
 POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81	Name	CONDONET, INC.	
82	Street Address (P.O. Box Number is Not Acceptable)	2100 PARK CENTRAL BLVD	
83		SUITE 500	
84	City	POMPANO BEACH	FL
85	Zip Code	33064	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIZZO, CHARLES	1.2 NAME	
STREET ADDRESS	2020 TERRA MAR DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUHAMEL, EDGAR	2.2 NAME	
STREET ADDRESS	2020 TERRA MAR DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUBAUER, CLIFFORD	3.2 NAME	FOX PAUL
STREET ADDRESS	2020 TERRA MAR DR.	3.3 STREET ADDRESS	6937 COBBLESTONE LANE
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	ARLINGTON, TX 76001
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWLAND, THOMAS	4.2 NAME	
STREET ADDRESS	2020 TERRA MAR DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	SHARON BORDONARO TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, PAUL	5.2 NAME	2020 TERRA MAR DR
STREET ADDRESS	2020 TERRA MAR DR.	5.3 STREET ADDRESS	POMPANO BEACH, FL 33062
CITY-ST-ZIP	POMPANO BCH, FL 00000	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

*Paul Fox* **REQUIRE FOX 2-15-99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)