

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90017 022 ****61.25

DOCUMENT # 748470

1. Entity Name

MANOR CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2020 TERRA MAR DRIVE
 POMPANO BEACH FL 33062**

**2020 TERRA MAR DRIVE
 POMPANO BEACH FL 33062-7145**

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

59-1144297

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent -

**CONDONET INC
 2100 PARK CENTRAL BLVD
 SUITE 500
 POMPANO BEACH FL 33064**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

DO NOT WRITE IN THIS SPACE



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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIZZO, CHARLES	NAME	
STREET ADDRESS	2020 TERRA MAR DR.	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUHAMEL, EDGAR	NAME	
STREET ADDRESS	2020 TERA MAR DR	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL, FOX	NAME	
STREET ADDRESS	6337 COBBLESTONE LANE	STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON TX 76001	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWLAND, THOMAS	NAME	
STREET ADDRESS	2020 TERRA MAR DR.	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL 00000	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOARDONALD, SHARON	NAME	BORDONARD, SHARON
STREET ADDRESS	2020 TERRA MAR DR	STREET ADDRESS	2020 TERRA MAR DR
CITY-ST-ZIP	POMPANO BCH FL 33062	CITY-ST-ZIP	POMPANO BEACH, FLA. 33062
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (9/99)

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: *Paul Fox*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-00

Date

Daytime Phone #