

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2001 8:00 am
Secretary of State

08-06-2001 90006 048 ****61.25

0000039

DOCUMENT # 748470

1. Entity 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: Suite, Apt. #, etc.
 3. Mailing Address: 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**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CONDONET INC
2100 PARK CENTRAL BLVD
SUITE 500
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): **1489 W. PALMETTO PARK ROAD #434**
 City: **Boca Raton** State: **FL** Zip Code: **33486**

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

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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	
TITLE NAME PD RIZZO, CHARLES	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2020 TERRA MAR DR.		STREET ADDRESS	
CITY-ST-ZIP POMPANO BEACH FL		CITY-ST-ZIP	
TITLE NAME VP DUHAMEL, EDGAR	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2020 TERA MAR DR		STREET ADDRESS	
CITY-ST-ZIP POMPANO BEACH FL		CITY-ST-ZIP	
TITLE NAME SD PAUL, FOX	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6337 COBBLESTONE LANE		STREET ADDRESS	
CITY-ST-ZIP ARLINGTON TX 76001		CITY-ST-ZIP	
TITLE NAME D ROWLAND, THOMAS	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2020 TERRA MAR DR.		STREET ADDRESS	
CITY-ST-ZIP POMPANO BCH, FL 00000		CITY-ST-ZIP	
TITLE NAME TD BORDONARO, SHARON	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2020 TERRA MAR DR		STREET ADDRESS	
CITY-ST-ZIP POMPANO BCH FL 33062		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Sharon Bordonaro **TREASURER** **SHARON BORDONARO** 7/21/01 954-784-6116

CR2E037 (5/01)