


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90023 040 ****61.25

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04202008		Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1144297		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CONDO NET ONLINE.COM,INC 6601 NW 14TH ST STE 3 FORT LAUDERDALE, FL 33313		Name: MANAGEMENT ASSIST, INC Street Address (P.O. Box Number is Not Acceptable) 2626 E. COMMERCIAL BLVD #4 City: FORT LAUDERDALE FL Zip Code: 33308	
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: <u><i>IAN SUMNER VP</i></u>		DATE: <u>4-28-08</u>	
SIGNATURE, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORDONARO, SHARON	NAME	SCHNEIDER, GERALYN
STREET ADDRESS	2020 TERRA MAR DR #302	STREET ADDRESS	2020 TERRA MAR DR #104
CITY-ST-ZIP	POMPANO BEACH, FL 33062	CITY-ST-ZIP	POMPANO BEACH FL 33062
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHESTER, GARY	NAME	
STREET ADDRESS	2690 NORTHEAST 24TH STREET	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEA, MARILIA	NAME	SCOTT, WAYNE
STREET ADDRESS	360 SOUTHEAST 10TH STREET	STREET ADDRESS	2020 TERRA MAR DR #108
CITY-ST-ZIP	POMPANO BEACH, FL 33062	CITY-ST-ZIP	POMPANO BEACH FL 33062
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, JOHN	NAME	
STREET ADDRESS	75 LAKE LEDGE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	WILLIAMSVILLE, NY 14221	CITY-ST-ZIP	
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	
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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 lists empowered.			
SIGNATURE: <u><i>Alan M. Schneider President</i></u>		DATE: <u>4-28-2008</u> DAYTIME PHONE # <u>954 783-7040</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	