

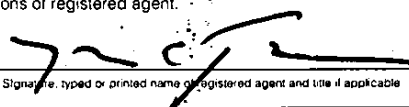
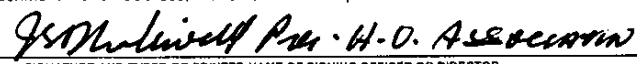


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90300 006 ****70.00

DOCUMENT # N03000003258					
1. Entity Name MANHATTAN TOWNHOMES OWNER'S ASSOCIATION, INC.					
Principal Place of Business 30 CAMELIA COURT OLDSMAR, FL 34677		Mailing Address 30 CAMELIA COURT OLDSMAR, FL 34677		00011071 	
2. Principal Place of Business		3. Mailing Address 1799-B North Belcher Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc. #B		03092006 Chg-NP CR2E037 (11/05)	
City & State		City & State Clearwater, FL		4. FEI Number 20-1320573	
Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country		
		33675	USA		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DHALIWALL, JOGINDER S 30 CAMELIA COURT OLDSMAR, FL 34677			Name AMERI-TECH REALTY INC Street Address (P.O. Box Number is Not Acceptable) Michael G Perez, President 1799-B North Belcher Road City Clearwater FL Zip Code 33765		
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 		Michael G Perez, President		DATE 4/4/06	
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PSD DHALIWALL, JOGINDER S 30 CAMELIA COURT OLDSMAR, FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DHALIWALL, JEAN L 30 CAMELIA COURT OLDSMAR, FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DHALIWALL, HARPAUL 30 CAMELIA COURT OLDSMAR, FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 like empowered.					
SIGNATURE: 		JSDhalivall Pres. H.O. Association 4-10-06		Date 727-786-1940	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	