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**Feb 18 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26810 (4)
1. Corporation Name
MANCHESTER HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business % LANG MANAGEMENT COMPANY, INC. 5295 TOWN CENTER RD. SUITE 200 BOCA RATON FL 33486	Mailing Address % LANG MANAGEMENT COMPANY, INC. 5295 TOWN CENTER RD. SUITE 200 BOCA RATON FL 33486
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3. Date Incorporated or Qualified 06/07/1988	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**ISAACSON, BILL
% LANG MANAGEMENT COMPANY, INC.
5295 TOWN CENTER RD, SUITE 200
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SOLOMON, LEWIS 5209 SUFFOLK DR BOCA RATON FL	11 TITLE	
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	VD GODFREY, MYRNA 5215 SUFFOLK DR BOCA RATON FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD FRANK, SHELIA 5047 SUFFOLK DR. BOCA RATON FL	3.1 TITLE	VPD
NAME		3.2 NAME	RUTH, DR. GERALD
STREET ADDRESS		3.3 STREET ADDRESS	5113 suffolk drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	TD HELLER, LEONARD 5101 SUFFOLK DR BOCA RATON FL	4.1 TITLE	TD
NAME		4.2 NAME	SKULLER, EDWIN J.
STREET ADDRESS		4.3 STREET ADDRESS	5257 SUFFOLK DRIVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	D TEPPER, MARVIN 5095 SUFFOLK DR BOCA RATON FL	5.1 TITLE	SD
NAME		5.2 NAME	SCHER, STANLEY
STREET ADDRESS		5.3 STREET ADDRESS	5236 SUFFOLK DRIVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE		6.1 TITLE	
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

SIGNATURE: *Luigi San*

CR2E037 (10/97)