

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90047 049 ****70.00

DOCUMENT # N26810

1. Entity Name

MANCHESTER HOMEOWNERS' ASSOCIATION, INC.

| | |
|--|---|
| Principal Place of Business | Mailing Address |
| % LANG MANAGEMENT COMPANY, INC. 5295 TOWN CENTER RD. SUITE 200 BOCA RATON FL 33486 | % LANG MANAGEMENT COMPANY, INC. 5295 TOWN CENTER RD. SUITE 200 BOCA RATON FL 33486-1080 |

00093604



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business | 3. Mailing Address |
| 40 TRIAX GROUP Suite, Apt. #, etc. P.O. Box 6286 City & State BOCA RATON FL Zip 33427-6286 | 40 TRIAX GROUP Suite, Apt. #, etc. P.O. Box 6286 City & State BOCA RATON FL Zip 33427-6286 |

| | |
|-------------------------------------|--------------------------------|
| 4. FEI Number | Applied For |
| NOT APPLICABLE | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input checked="" type="checkbox"/> | |

6. Name and Address of Current Registered Agent

ISAACSON, BILL
 % LANG MANAGEMENT COMPANY, INC.
 5295 TOWN CENTER RD, SUITE 200
 BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name: GLORIA O. NORTH
 Street Address (P.O. Box Number is Not Acceptable): 2300 GUIDES ROAD #203-E
 City: BOCA RATON FL Zip Code: 33431

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: Gloria O. North DATE: 2/23/00

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. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-----------------------------|--|---|

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | RUTH, GERALD | |
| STREET ADDRESS | 5113 SUFFOLK DR. | |
| CITY-ST-ZIP | BOCA RATON FL 33496 | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | FRANK, SHEILA | |
| STREET ADDRESS | 5047 SUFFOLK DR. | |
| CITY-ST-ZIP | BOCA RATON FL 33496 | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | RUTH, GERALD D | |
| STREET ADDRESS | 5113 SUFFOLK DR | |
| CITY-ST-ZIP | BOCA RATON FL 33496 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | TOPPER, MARVIN | |
| STREET ADDRESS | 5095 SUFFOLK DR. | |
| CITY-ST-ZIP | BOCA RATON FL 33496 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | WEPRINSKY, ED | |
| STREET ADDRESS | 5161 SUFFOLK DR. | |
| CITY-ST-ZIP | BOCA RATON FL 33496 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | NICHOLL, STEVE | |
| STREET ADDRESS | 5208 SUFFOLK DR. | |
| CITY-ST-ZIP | BOCA RATON FL 33496 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------|--|
| TITLE | DIT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D/P | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POMERANTZ, SHIRLEY | |
| STREET ADDRESS | 5185 SUFFOLK DRIVE | |
| CITY-ST-ZIP | BOCA RATON FL 33496 | |
| TITLE | D/ISTY.P. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STAVITSKY, BUET | |
| STREET ADDRESS | 5034 SUFFOLK DRIVE | |
| CITY-ST-ZIP | BOCA RATON, FL 33496 | |
| TITLE | D/S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TEPPER, MARVIN | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D/2ND V.P. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NICOLL, STAVS | |
| STREET ADDRESS | | |
| 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: Shirley Pomerantz DATE: 3/1/00 DAYTIME PHONE #: 561-999-8889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)