2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State
03-04-2005 90095 028 ****61.25

DOCUMENT # N97000003954

1. Entity Name
MANCHESTER GREENS PROPERTY OWNERS' ASSOCIATION, INC.

50022622

Principal Place of Business	Mailing Address
21045 COMMERCIAL TROPL BOCA RATON, FL 33486	21045 COMMERCIAL TROPL SUITE 200 BOCA RATON, FL 33486

01262005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD. SUITE 309 LAKE WORTH, FL 33463	G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD. SUITE 309 LAKE WORTH, FL 33463

4. FEI Number 65-0853292 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAM K. ISAACSON C/O LANG MANAGEMENT COMPANY, INC. 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486-1006	Name GARY D. FIELDS Street Address (P.O. Box Number is Not Acceptable) 4400 PGA BLVD. SUITE 900 City PALM BEACH GARDENS FL Zip Code 33410

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 _____ DATE 2/22/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	T ECKERT, ALAN 4064 MANCHESTER LAKE DR LAKE WORTH, FL 33467	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Eckert, Alan 4064 Manchester Lake Dr. Lake Worth, FL 33467 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KLEIT, STUART 4017 MANCHESTER LAKE DR. LAKE WORTH, FL 33467	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROSENBLUM, BERNARD 4124 MANCHESTER LAKE DR. LAKE WORTH, FL 33467	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLATTEIS, PETER 4130 MANCHESTER LAKE DR. LAKE WORTH, FL 33467	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ABRAMOWITZ, RICHARD 4070 MANCHESTER LAKE DR. LAKE WORTH, FL 33467	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ President 2/22/05 561-432-4224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #