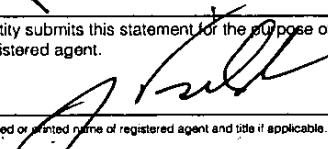
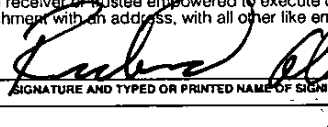


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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.			
Principal Place of Business 21045 COMMERCIAL TROPL BOCA RATON, FL 33486		Mailing Address 21045 COMMERCIAL TROPL SUITE 200 BOCA RATON, FL 33486	
2. Principal Place of Business G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD. SUITE 309 LAKE WORTH, FL 33463		3. Mailing Address G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD. SUITE 309 LAKE WORTH, FL 33463	
City LAKE WORTH, FL 33463		City LAKE WORTH, FL 33463	
Zip 33463	Country USA	Zip 33463	Country USA
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 WILLIAM K. ISAACSON C/O LANG MANAGEMENT COMPANY, INC. 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486-1006		7. Name and Address of New Registered Agent 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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE 2/22/05	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2/22/05 Daytime Phone # 561-432-4224	

50022622



01262005 Chg-NP CR2E037 (10/03)