

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N26810 (4)**  
1. Corporation Name  
**MANCHESTER HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>% LANG MANAGEMENT COMPANY, INC. 5295 TOWN CENTER RD. SUITE 200 BOCA RATON FL 33486</b>	Mailing Address <b>% LANG MANAGEMENT COMPANY, INC. 5295 TOWN CENTER RD. SUITE 200 BOCA RATON FL 33486-1088</b>
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3. Date Incorporated or Qualified <b>06/07/1988</b>	3a. Date of Last Report <b>02/26/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ISAACSON, BILL % LANG MANAGEMENT COMPANY, INC. 5295 TOWN CENTER RD, SUITE 200 BOCA RATON FL 33486</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DELSON, MITCH</b>	1.2 NAME	<b>SOLOMON, LEWIS</b>
STREET ADDRESS	<b>5295 TOWN CENTER RD, SUITE 200</b>	1.3 STREET ADDRESS	<b>5209 SUFFOLK DR.</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	1.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33496</b>
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GODFREY, MYRNA</b>	2.2 NAME	<b>5215 SUFFOLK DR.</b>
STREET ADDRESS	<b>5295 TOWN CENTER RD, SUITE 200</b>	2.3 STREET ADDRESS	<b>BOCA RATON, FL 33496</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANK, SHELIA</b>	3.2 NAME	
STREET ADDRESS	<b>5047 SUFFOLK DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STAVITSKY, BERT</b>	4.2 NAME	<b>LEONARD HELLER</b>
STREET ADDRESS	<b>5295 TOWN CENTER RD, SUITE 200</b>	4.3 STREET ADDRESS	<b>5101 SUFFOLK DR.</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	4.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33496</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>MARVIN TEPPER</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>5095 SUFFOLK DR.</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33496</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 \_\_\_\_\_ 2/24/97

CR2E037 (9/96)