


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**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</b>
--	--

3. Date Incorporated or Qualified

**06/07/1988**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SOLOMON, LEWIS</b>	
STREET ADDRESS	<b>5209 SUFFOLK DR</b>	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>GODFREY, MYRNA</b>	
STREET ADDRESS	<b>5215 SUFFOLK DR</b>	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FRANK, SHEILA</b>	
STREET ADDRESS	<b>5047 SUFFOLK DR.</b>	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>VPD RUTH, DR. GERALD</b>
3.3 STREET ADDRESS	<b>5113 suffolk drive</b>
3.4 CITY - ST - ZIP	<b>BOCA RATON, FL 33496</b>

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HELLER, LEONARD</b>	
STREET ADDRESS	<b>5101 SUFFOLK DR</b>	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>SKULLER, EDWIN J.</b>
4.3 STREET ADDRESS	<b>5257 SUFFOLK DRIVE</b>
4.4 CITY - ST - ZIP	<b>BOCA RATON, FL 33496</b>

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TEPPER, MARVIN</b>	
STREET ADDRESS	<b>5095 SUFFOLK DR</b>	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>SCHER, STANLEY</b>
5.3 STREET ADDRESS	<b>5236 SUFFOLK DRIVE</b>
5.4 CITY - ST - ZIP	<b>BOCA RATON, FL 33496</b>

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

*Luino San*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Residence Phone #

CR2E037 (10/97)