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03-16-1999 90155 025 ****70.00

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26810

1. Corporation Name

MANCHESTER HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/07/1988

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE PD ☒ DELETE
NAME SOLOMON, LEWIS
STREET ADDRESS 5209 SUFFOLK DR
CITY-ST-ZIP BOCA RATON FL

TITLE VD ☒ DELETE
NAME GODFREY, MYRNA
STREET ADDRESS 5215 SUFFOLK DR
CITY-ST-ZIP BOCA RATON FL

TITLE VPD ☐ DELETE
NAME RUTH, GERALD D
STREET ADDRESS 5113 SUFFOLK DR
CITY-ST-ZIP BOCA RATON FL 33496

TITLE TD ☒ DELETE
NAME SKULLER, EDWIN J
STREET ADDRESS 5257 SUFFOLK DR
CITY-ST-ZIP BOCA RATON FL 33496

TITLE SD ☒ DELETE
NAME SCHER, STANLEY
STREET ADDRESS 5236 SUFFOLK DR
CITY-ST-ZIP BOCA RATON FL 33496

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Ruth, Gerald
1.3 STREET ADDRESS 5113 Suffolk Drive
1.4 CITY-ST-ZIP Boca Raton, FL 33496

2.1 TITLE VPD ☐ Change ☒ Addition
2.2 NAME Frank, Sheila
2.3 STREET ADDRESS 5047 Suffolk Drive
2.4 CITY-ST-ZIP Boca Raton, FL 33496

3.1 TITLE TD ☐ Change ☒ Addition
3.2 NAME Nicholl, Steve
3.3 STREET ADDRESS 5208 Suffolk Drive
3.4 CITY-ST-ZIP Boca Raton, FL 33496

4.1 TITLE VPD ☐ Change ☒ Addition
4.2 NAME Tepper, Marvin
4.3 STREET ADDRESS 5095 Suffolk Drive
4.4 CITY-ST-ZIP Boca Raton, FL 33496

5.1 TITLE SD ☐ Change ☒ Addition
5.2 NAME WEPAINSKY, ED
5.3 STREET ADDRESS 5161 SUFFOLK DR
5.4 CITY-ST-ZIP BOCA RATON, FL 33496

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)