## FILE NOW: FILING FEE IS \$61.25

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

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

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

## FILED Mar 16, 1999 8:00 am § Secretary of State

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

	[ <b>[]</b>    <b>  </b>	8(8)  8 8   B 0   IBB

3. Date Incorporated or Qualifed

NOT APPLICABLE

06/07/1988

4. FEI Number

Standard	City & State	9	K	City & State					5. Certifcate of Status		K	~\$8: <b>7</b> 5 Fee Re	I	
SACSON, BILL   SACS			28								<del></del>			
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name  12. Name and Address (P.O. Box Number is Not Acceptable)  13. Street Address (P.O. Box Number is Not Acceptable)  14. City  15. Description of Sections 617,0502 and 617,1508. Florids Statutes. The above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am Brillia with, and except the obligations of Sections 617,0503. Florids Statutes.  15. Description of Post of Provisions of Sections 617,0502 and 617,1508. Florids Statutes. The above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am Brillia with, and except the obligations of Section 617,0503. Florids Statutes.  16. City  17. Pursuant to the provisions of Sections 617,0508. Florids Statutes.  18. City  18. City  19. City  19. City  10. City  10. City  10. City  10. City  11. City  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. Title  15. Cofficers AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. City  17. City  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. Name  19. City  19. Ci	Zip	_ ′	$\vdash$	· ·								•	- 1	
SAACSON, BILL   SAIN MANAGEMENT COMPANY, INC.   S295 TOWN CENTER RD, SUITE 200   BOCA RATON FL 33486   Street Address (P.O. Box Number is Not Acceptable)	<u>4</u> j							17001 2110 22111						
SAACSON, BILL  % LANG MANAGEMENT COMPANY, INC.  \$255 TOWN CENTER RD, SUITE 200  BOCA RATION FL 33486  33  34  35  SIFURD LANG MANAGEMENT COMPANY, INC.  \$255 STOWN CENTER RD, SUITE 200  BOCA RATION FL  TITLE  VD  SOLOMON, LEWIS  STREET ADDRESS  SUBSTITUTION  WE  SUITE ADDRESS  SUPPOLICE  11 TITLE  VD  SUBCERT ADDRESS  SUBSTITUTION  WE  SUITE ADDRESS  SUBSTITUTION  SUITE ADDRESS  SUBSTITUTION  WE  SUITE ADDRESS  SUBSTITUTION  SUITE ADDRESS  SUBSTITUTIO		9. Name and Address of Current I	Regis	tered Agent		04	Mana		ro. Name and Addres	S OI NEW I	registereu.	Whaur		
** LANG MANAGEMENT COMPANY, INC.  \$255 TOWN CENTER RD, SUITE 200  BOCA RATON FL 33486  31. Pursuant to the purpose of Sections 617,1508, Florida Statutes, the above-camed corporation submits this statement for the purpose of changing its 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, or both, in the State of Florida. Statutes, the above-camed 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 office or registered agent, or both, in the State of Florida. Statutes.  SIGNATURE    DECENTION   DATE						01	Name							
S295 TOWN CENTER RD, SUITE 200 BCC RATION FL 33486  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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named 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  S	ISAACSON, BILL						Street /	t Address (P.O. Box Number is Not Acceptable)						
S295 TOWN CENTER RD, SUITE 200 BOCA RATON FL 33486    B4	% LANG MANAGEMENT COMPANY, INC.													
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, and familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.    SIGNATURE														
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 registated 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, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, in the State of Green and the State of Green and the State of Green agent and the State of Green and State of Green agent and the State of Green and State of Green agent and the State of Green and State of Green agent and the State of Green and S					84	City	85 Zip Code							
office or registered agent, or both, in the State of Florida Such change was authorized by the name of mysterium as registered agent, and familiar with, and accept the obligations of, Section 917.0503, Florida Statutes.    SIGNATURE   Signature, typed or private name of mysterium agent and tise if accilicable.   NOTE: Registered Agent signature required when privations   OATE												• <u> </u>		
Signature, Typed or printed arms of registered agent and like it applicable.   NOTE: Registered Agent angulare required when initiating)   Signature, Typed or printed arms of registered agent angular required when initiating)   Signature, Typed or printed arms of registered agent angular required when initiating)   Signature, Typed or printed arms of registered agent angular required when initiating)   Signature, Typed or printed arms of registered agent angular required when initiating)   Signature, Typed or printed arms of registered agent angular required when initiating)   Signature, Typed or printed arms of registered agent angular required when initiating)   Signature, Typed or printed arms of registered agent angular required when initiating)   Signature, Typed or printed arms of registered agent angular required when initiating)   Signature, Typed or printed arms of registered agent angular required when initiating)   Signature, Typed or printed arms of registered agent angular required when initiating)   Signature, Typed or printed arms of registered agent angular required and signature required when initiating)   Signature, Typed or printed and signature required when initiating)   Signature, Typed or printed and signature required when initiating)   Signature, Typed or printed and signature required when initiating)   Signature, Typed or printed and signature required and signature required when initiating)   Signature, Signat	office or r	egistered agent, or both, in the State of	Florid	la. Such change was a	autnorized	∣ Dy τ	-named of he corpo	corpora oration's	tion submits this state board of directors. I h	nent for the ereby acce	purpose of pt the appoi	changing its intment as re	gistered	
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SOLOMON, LEWIS   STREET ADDRESS   SOLOMON, LEWIS   SOLO			DIKE		_	n E		DD	, , , , , , , , , , , , , , , , , , , ,					
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TITLE VD	CITY-ST-ZIP	30CA RATON FL						•	-	FL3	3496	Change	X Addition	
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STREET ADDRESS  5113 SUFFOLK DR  BOCA RATON FL 33496  TITLE  TD  NAME  SKULLER, EDWIN J  STREET ADDRESS  5208 Suffolk Drive  34. CITY-ST-ZIP  BOCA RATON, FL 33496  TO  Addition  Tepper, Marvin  5095 Suffolk Drive  41. TITLE  TO  NAME  STREET ADDRESS  5257 SUFFOLK DR  44. CITY-ST-ZIP  BOCA RATON, FL 33496  TITLE  SD  SCHER, STANLEY  STREET ADDRESS  5236 SUFFOLK DR  51. TITLE  SD  SCHER, STANLEY  STREET ADDRESS  524. CITY-ST-ZIP  BOCA RATON, FL 33496  TITLE  STREET ADDRESS  5257 SUFFOLK DR  51. TITLE  51. TITLE  52. NAME  52. NAME  53. STREET ADDRESS  54. CITY-ST-ZIP  BOCA RATON, FL 33496  TITLE  62. NAME  63. STREET ADDRESS	TITLE	VPD		☐ DELETE	3.1 ₹	ΠE			•			∐ Change	PA Addition	
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	14. I hereby	I certify that the information supplied with	this fi	iling does not qualify fo	or the exe	mpti	on stated	d in Sec	tion 119.07(3)(i), Flori	da Statutes.	I further ce	rtify that the i	nformation	

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, in the limit in information indicated on this annual report or supplemental appeal report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 attacking it with an address, with all other like empowered.

SIGNATURE:

SNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime

Daytime Phone #

**42E03/ (11/98)** 

Applied For

Not Applicable