

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000003954**

1. Entity Name

MANCHESTER GREENS PROPERTY OWNERS' ASSOCIATION.**FILED**

00 MAR -8 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5295 TOWN CENTER ROAD
SUITE 200
BOCA RATON FL 334865295 TOWN CENTER ROAD
SUITE 200
BOCA RATON FL 33486-1080

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

ISAACSON, WILLIAM K
C/O LANG MANAGEMENT COMPANY
5295 TOWN CENTER ROAD SUITE 200
BOCA RATON FL 33486

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$51.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	BRUNER, TOM	4150 WYCLIFFE COUNTRY CLUB BLVD.	LAKE WORTH FL 33467				
VD	WALSH, NANCY	4150 WYCLIFFE COUNTRY CLUB BLVD.	LAKE WORTH FL 33467				
STD	BORG, DEAN J	4150 WYCLIFFE COUNTRY CLUB BLVD.	LAKE WORTH FL 33467				

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

Daytime Phone #

CR2E037 (9/99)