

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003954

1. Entity Name

MANCHESTER GREENS PROPERTY OWNERS' ASSOCIATION,

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90254 010 ****70.00

Principal Place of Business

Mailing Address

5295 TOWN CENTER ROAD
SUITE 200
BOCA RATON FL 33486

5295 TOWN CENTER ROAD
SUITE 200
BOCA RATON FL 33486

2. Principal Place of Business

3. Mailing Address

21045 Commercial Trail
Suite, Apt. #, etc.

21045 Commercial Trail
Suite, Apt. #, etc.

City & State

City & State

Boca Raton FL

Boca Raton FL

Zip

Country

Zip

Country

33486 USA

33486 USA

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

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

Name

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

City

FL

Zip Code

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 \$61.25

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 PD
NAME BRUNER, TOM
STREET ADDRESS 4150 WYCLIFFE COUNTRY CLUB BLVD.
CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME WALSH, NANCY
STREET ADDRESS 4150 WYCLIFFE COUNTRY CLUB BLVD.
CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD
NAME BORG, DEAN J
STREET ADDRESS 4150 WYCLIFFE COUNTRY CLUB BLVD.
CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 I am empowered.

SIGNATURE:

SIGNATURE REQUIRED

1-29-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

CR2E037 (10/00)