


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90037 006 ****61.25

DOCUMENT # N97000003954					
1. Entity Name MANCHESTER GREENS PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business GRS MGMT ASSOCIATES, INC 3900 WOOLLAKE BLVD STE 309 LAKE WORTH, FL 33463			Mailing Address GRS MGMT ASSOCIATES, INC 3900 WOOLLAKE BLVD STE 309 LAKE WORTH, FL 33463		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0853292	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FIELDS, GARY D 4400 PGA BLVD STE 900 PALM BEACH GARDENS, FL 33410				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ECKERT, ALAN		NAME		
STREET ADDRESS	4064 MANCHESTER LAKE DR		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467 33449		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLEIT, STUART		NAME		
STREET ADDRESS	4017 MANCHESTER LAKE DR.		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467 33449		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSENBLUM, BERNARD		NAME		
STREET ADDRESS	4124 MANCHESTER LAKE DR.		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467 33449		CITY-ST-ZIP		
TITLE	TP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ABRAMOWITZ, RICHARD		NAME		
STREET ADDRESS	4070 MANCHESTER LAKE DR.		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467 33449		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D Rubin Ed	
STREET ADDRESS			STREET ADDRESS	4136 Manchester Lake Dr.	
CITY-ST-ZIP			CITY-ST-ZIP	Lake Worth, FL 33449	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowerments.					
SIGNATURE: <i>Bernard Rosenblum</i> VP <i>4/4/08</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					