2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# N97000003954

Entity Name: MANCHESTER GREENS PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

GRS MGMT ASSOCIATES, INC
3900 WOOKLAKE BLVD STE 309
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

GRS MGMT ASSOCIATES, INC
3900 WOOKLAKE BLVD STE 309
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 65-0853292 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIELDS, GARY D
4400 PGA BLVD
STE 900
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	SD	( ) Delete
Name:	ECKERT, ALAN	
Address:	4064 MANCHESTER LAKE DR	
City-St-Zip:	LAKE WORTH, FL 33449	
Title:	PD	( ) Delete
Name:	KLEIT, STUART	
Address:	4017 MANCHESTER LAKE DR.	
City-St-Zip:	LAKE WORTH, FL 33449	
Title:	VP	( ) Delete
Name:	ROSENBLUM, BERNARD	
Address:	4124 MANCHESTER LAKE DR.	
City-St-Zip:	LAKE WORTH, FL 3449	
Title:	TP	( ) Delete
Name:	ABRAMOWITZ, RICHARD	
Address:	4070 MANCHESTER LAKE DR.	
City-St-Zip:	LAKE WORTH, FL 33449	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STUART KLEIT PRES 03/06/2009
Electronic Signature of Signing Officer or Director — Date