

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26810

FILED
Apr 16, 2009
Secretary of State

Entity Name: MANCHESTER HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

% GLORIA O. NORTH, P.A.
400 SOUTH DIXIE HIGHWAY, #323
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6286
BOCA RATON, FL 33427

New Mailing Address:

FEI Number: 65-0054808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORTH, GLORIA O
400 S. DIXIE HIGHWAY
323
BOCA RATON, FL 33432 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: PD () Delete
Name: RUTH, GERALD DR
Address: 5113 SUFFOLK DR.
City-St-Zip: BOCA RATON, FL 33496

Title: STD () Delete
Name: STAVITSKY, BURT DR
Address: 5034 SUFFOLK DRIVE
City-St-Zip: BOCA RATON, FL 33496

Title: DV () Delete
Name: NICOLL, STEVE
Address: 5208 SUFFOLK DRIVE
City-St-Zip: BOCA RATON, FL 33496

Title: D () Delete
Name: TEPPER, MARVIN
Address: 5095 SUFFOLK DR.
City-St-Zip: BOCA RATON, FL 33496

Title: D () Delete
Name: SPIERS, RICHARD
Address: 5172 SUFFOLK DR.
City-St-Zip: BOCA RATON, FL 33496

Title: D () Delete
Name: FOGELMAN, MARTY
Address: 5173 SUFFOLK DR.
City-St-Zip: BOCA RATON, FL 33496

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:

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: GERALD RUTH

PD

04/16/2009

Electronic Signature of Signing Officer or Director

Date