

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26810

**Entity Name:** MANCHESTER HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**CREST MANAGEMENT GROUP, INC.  
SUITE 100  
BOCA RATON, FL 33487**Current Mailing Address:**CREST MANAGEMENT GROUP, INC.  
SUITE 100  
BOCA RATON, FL 33487 US**FEI Number:** 65-0054808**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUDD, GARY  
CREST MANAGEMENT GROUP, INC.  
SUITE 100  
BOCA RATON, FL 33487 US*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:** GARY BUDD

03/12/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name GODFREY, MYRNA  
Address CREST MANAGEMENT GROUP, INC.  
SUITE 100  
City-State-Zip: BOCA RATON FL 33487

Title TD  
Name EGERT, DANA  
Address CREST MANAGEMENT GROUP, INC.  
SUITE 100  
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR  
Name TEPPER, MARVIN  
Address CREST MANAGEMENT GROUP, INC.  
SUITE 100  
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR  
Name FOGELMAN, MARTY  
Address CREST MANAGEMENT GROUP, INC.  
SUITE 100  
City-State-Zip: BOCA RATON FL 33487

Title VPD  
Name KARAS, SUSAN  
Address CREST MANAGEMENT GROUP, INC.  
SUITE 100  
City-State-Zip: BOCA RATON FL 33487

Title SD  
Name FRANK, NANCY  
Address CREST MANAGEMENT GROUP, INC.  
SUITE 100  
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR  
Name KATZMAN, HILLARY  
Address CREST MANAGEMENT GROUP, INC.  
SUITE 100  
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR  
Name KATZ, IRA  
Address CREST MANAGEMENT GROUP, INC.  
SUITE 100  
City-State-Zip: BOCA RATON FL 33487

*I hereby 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 all other like empowered.*

**SIGNATURE:** MYRNA GODFREY

PRESIDENT

03/12/2018

Electronic Signature of Signing Officer/Director Detail

Date