

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90153 045 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 719499 1. Entity Name CENTRAL MANOR APARTMENTS, INC.																																																																																																					
Principal Place of Business 136 FAIRVIEW AVE DAYTONA BEACH, FL 32114-2120			Mailing Address 136 FAIRVIEW AVE DAYTONA BEACH, FL 32114-2120																																																																																																		
2. Principal Place of Business - No P.O. Box # 		3. Mailing Address 																																																																																																			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																																			
City & State 		City & State 																																																																																																			
Zip 		Country 		4. FEI Number 59-0245600																																																																																																	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																																																																																																	
6. Name and Address of Current Registered Agent PHILLIPS, DAVID REV. 142 FAIRVIEW AVENUE DAYTONA BEACH, FL 32114				7. Name and Address of New Registered Agent Name Ed Sanders Street Address (P.O. Box Number is Not Acceptable) 136 FAIRVIEW AVE. City Daytona Beach FL Zip Code 32114																																																																																																	
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 <u><i>Edmond R. Sanders</i></u> DATE <u><i>4/28/08</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																																																																																																					
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																		
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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 empowered.																																																																																																					
SIGNATURE: <u><i>Edmond R. Sanders</i></u> DATE <u><i>4/28/08</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																					

40094000



03312008 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Name **Ed Sanders**

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

136 FAIRVIEW AVE.

City **Daytona Beach**

FL Zip Code **32114**

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

Edmond R. Sanders

(NOTE: Registered Agent signature required when reinstating)

4/28/08
DATE

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
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SIGNATURE:

Edmond R. Sanders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08

Date

Daytime Phone #