

AMENDED
2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

05-21-2007 90048 001 ***61.25
719601

FILED

07 MAY 23 PM 3:12

QUINCY, ILLINOIS
FLORIDA

DOCUMENT # 719601 1. Entity Name MANOR GROVE VILLAGE TWO, INC.					
Principal Place of Business 5300 POWERLINE ROAD 200A FORT LAUDERDALE, FL 33309			Mailing Address 5300 POWERLINE ROAD 200A FORT LAUDERDALE, FL 33309		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1389455	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDREW MAYROWITZ C/O DCI ASSOC. SERVICES 2035 HARDING STREET SUITE 200 HOLLYWOOD, FL 33020				7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ 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, 2007		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 STREET ADDRESS CITY - ST - ZIP	S ALLMAN, WANDA 1415 NE 17TH AVE. FORT LAUDERDALE, FL 33304 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Director ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FILTEAU, TED 140 NE 19TH COURT, E110 WILTON MANORS, FL 33305 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KIMBERLIN, SUSAN 119 N.E. 19TH COURT, #G217 FORT LAUDERDALE, FL 33305 ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Tom Wilcox 136 NE 19 COURT, F#101 WILTON MANORS, FL 33305 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>20/14</i> ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT BRUCE MAXWELL 136 NE 19 COURT, F#107 WILTON MANORS, FL 33305 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer KEVIN GIBBONS 1920 NE 1ST TERR, #4212 WILTON MANORS, FL 33305 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: _____ <i>4/23/2007</i> 954 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

745-1170