

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90177 040 ****61.25

DOCUMENT # 719601

1. Entity Name
MANOR GROVE VILLAGE TWO, INC.



Principal Place of Business
5300 POWERLINE ROAD
200A
FORT LAUDERDALE, FL 33309

New Mgt Co.
Property Management Partners, Inc
7300 W. Mc.Nab Road Ste 220
Tamarac, FL 33321
please correct your records

60033135



2. Principal Place of Business - No P.O. Box #
719 NE 19 Court
Suite, Apt. #, etc.
City & State
Wilton Manors, FL
Zip
33305
Country
Broward

3. Mailing Address
7300 W Mc Nab
Suite, Apt. #, etc.
220
City & State
Tamarac, FL
Zip
33321
Country
Broward

03312008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1389455
Applied For
Not Applicable

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
Property Management Ptnrs, Inc
Street Address (P.O. Box Number is Not Acceptable)
7300 W Mc Nab Road
Suite 220
City
Tamarac FL Zip Code
33321

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
Andrew Mayrowitz

DATE
4/2/08

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	D	<input type="checkbox"/> Delete
NAME	ALLMAN, WANDA	
STREET ADDRESS	1415 NE 17TH AVE.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FILTEAU, TED	
STREET ADDRESS	140 NE 19TH COURT, E110	
CITY-ST-ZIP	WILTON MANORS, FL 33305	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WILCOX, TOM	
STREET ADDRESS	136 NE 19 COURT #F101	
CITY-ST-ZIP	WILTON MANORS, FL 33305	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MAXWELL, BRUCE	
STREET ADDRESS	136 NE 19 COURT #F107	
CITY-ST-ZIP	WILTON MANORS, FL 33305	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GIBBONS, KEVIN	
STREET ADDRESS	1920 NE 1ST TERRACE #H212	
CITY-ST-ZIP	WILTON MANORS, FL 33305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Constance Custer	
STREET ADDRESS	119 NE 19 Ct	
CITY-ST-ZIP	Wilton Manors, FL 33305	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Gagne	
STREET ADDRESS	119 NE 19 Ct	
CITY-ST-ZIP	Wilton Manors, FL 33305	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martin Rubin	
STREET ADDRESS	9400 NW 16 St	
CITY-ST-ZIP	Plantation, FL 33322	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Constance Custer*

DATE
4/2/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Constance Custer

Daytime Phone #