

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90105 047 ****61.25

DOCUMENT # 721622

1. Entity Name

MANOR GROVE VILLAGE THREE, INC.



Principal Place of Business

185 NE 20 CT
FORT LAUDERDALE FL 33305
US

Mailing Address

5300 POWERLINE RD.
SUITE A
FORT LAUDERDALE FL 33308
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1444115

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

ANDREW MEYROWITZ, DCI ASSOCIATION 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)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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** ☐ Delete
NAME **FILIPPELLI, CHRISTOPHER**
STREET ADDRESS **47 NE 20TH COURT**
CITY-ST-ZIP **WILTON MANORE FL 33305**

TITLE **VP** ☐ Delete
NAME **NASH, ELEANOR**
STREET ADDRESS **101 NE 20 CT.**
CITY-ST-ZIP **WILTON MANOR FL 33305**

TITLE **P** ☐ Delete
NAME **KUNKEL, NORMAN**
STREET ADDRESS **48 N.E. 20TH COURT**
CITY-ST-ZIP **WILTON MANORS FL 33305**

TITLE ☒ Delete
NAME **TAVS, JAMES**
STREET ADDRESS **55 NE 20TH COURT**
CITY-ST-ZIP **WILTON MANORS FL 33305**

TITLE ☒ Delete
NAME **MAUCK, BONNIE**
STREET ADDRESS **152 N.E. 20TH COURT**
CITY-ST-ZIP **WILTON MANORS FL 33305**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **ST**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **KIM WERNER**
CITY-ST-ZIP **184 NE 20TH CT**
WILTON MANORS, FL 33305

TITLE ☐ Change ☐ 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 Section 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: *Norman Kunkel*

3-20-06