## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:/

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

## Jul 09, 2007 8:00 am **Secretary of State DOCUMENT #721622** 07-09-2007 90042 030 \*\*\*\*61.25 MANOR GROVE VILLAGE THREE, INC. Principal Place of Business Mailing Address 411123271 5300 POWERLINE RD. 185 NE 20 CT FORT LAUDERDALE, FL 33305 SUITE A FORT LAUDERDALE, FL 33308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. . 03192007 Chg-NP CR2E037 (12/06) 2035 200 FLorida Applied For City & State 4. FEI Number 59-1444115 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ANDREW MEYROWITZ, DCI ASSOCIATION SERVICES Street Address (P.O. Box Number is Not Acceptable) 2035 HARDING STREET, SUITE 200 HOLLYWOOD, FL 33020 City 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. 03.20.0 (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing **\$5.00** May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE D ☐ Delete TITLE DRECTOR Change Addition werner, kin FILIPPELLI, CHRISTOPHER NAME NAME STREET ADDRESS 47 NE 20TH COURT STREET ADDRESS CITY-ST-ZIP WILTON MANORE, FL 33305 CITY-ST-ZIP VP Delete Change Addition TITLE NASH, ELEANOR NAME NAME STREET ADDRESS 101 NE 20 CT. STREET ADDRESS CITY-ST-ZIP WILTON MANOR, FL 33305 CITY-ST-ZIP secretary / Treasurer Change : ☐ Addition □ Delete TITLE HILE KUNKEL, NORMAN NAME NAME STREET ADDRESS 48 N.E. 20TH COURT STREET ADDRESS WILTON MANORS, FL 33305 CITY-ST-ZIP CITY-ST-7IP Presipent □ Delete TITLE Change ☐ Addition TITLE ST TAVS, JAMES NAME NAME STREET ADDRESS 55 NE 20TH COURT STREET ADDRESS WILTON MANORS, FL 33305 CITY-ST-ZIP CITY-ST-ZIP pirector Change 🔀 Addition □ Delete TITLE JUAN PEFELICE # G 10 137 NE 20th COURT TITLE WERVER, KIM NAME NAME STREET ADDRESS 184 NE 20TH CT STREET ADDRESS wilton manus, FC 33305 WILTON MANORS, FL 33305 CITY-ST-7IP CITY-ST-7IP vice president TITLE ☐ Delete TITLE ☐ Change AUA ERASMUS NAME NAME 113 NG ZOTHCOURT # 64 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP wilton manors, FL CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, with all other like empowered. 904-558-5074

**FILED**