

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2008 8:00 am
Secretary of State

06-10-2008 90002 050 ****61.25

DOCUMENT # 721622 1. Entity Name MANOR GROVE VILLAGE THREE, INC.					
Principal Place of Business 2035 HARDINY ST HOLLYWOOD, FL 33020 US			Mailing Address 5300 POWERLINE RD. 200 FORT LAUDERDALE, FL 33308 US		
2. Principal Place of Business - No P.O. Box # Association Services of Fla. Suite, Apt. #, etc. 10112 USA Today Way		3. Mailing Address Association Services of Fla. Suite, Apt. #, etc. 10112 USA Today Way			
City & State MIRAMAR, FL		City & State MIRAMAR, FL		4. FEI Number 59-1444115	
Zip 33025		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 <u>BARBARA HEIN/DON</u> Street Address (P.O. Box Number is Not Acceptable) <u>10112 USA Today Way</u> City <u>MIRAMAR</u> FL Zip Code <u>33025</u>	
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>[Signature]</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WERNER, KIM 47 NE 20TH COURT WILTON MANORE, FL 33305	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ERASMUS, AVA 113 N.E. 20TH COURT #G4 WILTON MANOR, FL 33305	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KUNKEL, NORMAN 48 N.E. 20TH COURT WILTON MANORS, FL 33305	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAVS, JAMES 55 NE 20TH COURT WILTON MANORS, FL 33305	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WERVER, KIM 184 NE 20TH CT WILTON MANORS, FL 33305	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEFELICE, JOHN 113 N.E. 20TH COURT G10 WILTON MANORS, FL 33305	<input type="checkbox"/> Delete			
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>[Signature]</u> 5-18-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			