

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**95 APR -3 PM 5: 56**

**DOCUMENT # 727119 (0)**  
1. Corporation Name  
**MANORS TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**ON, INC. (THE)**  
**4162 INVERRARY DRIVE**  
**LAUDERHILL FL. 33319**

3. Date Incorporated or Qualified **08/07/1973** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **23-7441076** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**CAMPBELL PROPERTY MGMT. & REAL ESTATE, INC**  
**4162 INVERRARY DRIVE**  
**LAUDERHILL FL 33319**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                      |
|----------------|----------------------|
| TITLE          | VP                   |
| NAME           | SILVERMAN, HERBERT   |
| STREET ADDRESS | 3988 INVERRARY DR.   |
| CITY-ST-ZIP    | LAUDERHILL, FL 00000 |
| TITLE          | D                    |
| NAME           | DEBRA GIBBS          |
| STREET ADDRESS | 4122 INVERRARY DR.   |
| CITY-ST-ZIP    | LAUDERHILL, FL 00000 |
| TITLE          | D                    |
| NAME           | OXSNER, HARRY        |
| STREET ADDRESS | 4082 INVERRARY DR.   |
| CITY-ST-ZIP    | LAUDERHILL, FL 00000 |
| TITLE          | P                    |
| NAME           | TRENK, SEYMOUR       |
| STREET ADDRESS | 4128 INVERRARY DR.   |
| CITY-ST-ZIP    | LAUDERHILL, FL 00000 |
| TITLE          | D                    |
| NAME           | TACHER, AL           |
| STREET ADDRESS | 4002 INVERRARY DR.   |
| CITY-ST-ZIP    | LAUDERHILL, FL 00000 |
| TITLE          | T                    |
| NAME           | LABECK, JACKIE       |
| STREET ADDRESS | 4044 INVERRARY DR.   |
| CITY-ST-ZIP    | LAUDERHILL FL        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                       |  |
|--------------------|-----------------------|--|
| 1.1 TITLE          | DIR.                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           | RANDALL BLALOCK       |  |
| 1.3 STREET ADDRESS | 4102 INVERRARY DRIVE  |  |
| 1.4 CITY-ST-ZIP    | LAUDERHILL, FL. 33319 |  |
| 2.1 TITLE          | VP                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | SILVERMAN, HERBERT    |  |
| 2.3 STREET ADDRESS | 4102 INVERRARY DR     |  |
| 2.4 CITY-ST-ZIP    | LAUDERHILL, FL 00000  |  |
| 3.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                       |  |
| 3.3 STREET ADDRESS |                       |  |
| 3.4 CITY-ST-ZIP    |                       |  |
| 4.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                       |  |
| 4.3 STREET ADDRESS |                       |  |
| 4.4 CITY-ST-ZIP    |                       |  |
| 5.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                       |  |
| 5.3 STREET ADDRESS |                       |  |
| 5.4 CITY-ST-ZIP    |                       |  |
| 6.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                       |  |
| 6.3 STREET ADDRESS |                       |  |
| 6.4 CITY-ST-ZIP    |                       |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Herbert Silverman J.P.* 3/23/95 - 305-465-2115  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Name) (Typed Name)