

FILE NOW: FILING FEE IS \$61.25

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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727119 (0)
1. Corporation Name
MANORS TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business ON, INC. (THE) 4162 INVERRARY DRIVE LAUDERHILL FL 33319	Mailing Address ON, INC. (THE) 4162 INVERRARY DRIVE LAUDERHILL FL 33319-4519
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3. Date Incorporated or Qualified 08/07/1973	3a. Date of Last Report 04/16/1996
4. FEI Number 23-7441076	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	28. Zip
24. Country	29. Country
25. Country	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. City
84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0506, Florida Statutes.

SIGNATURE: *Herbert Silverman* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SILVERMAN, HERBERT	
STREET ADDRESS	4162 INVERRARY DR.	
CITY - ST - ZIP	LAUDERHILL, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIBBS, DEBRA	
STREET ADDRESS	4122 INVERRARY DR	
CITY - ST - ZIP	LAUDERHILL, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OKSNER, HARRY	
STREET ADDRESS	4082 INVERRARY DR.	
CITY - ST - ZIP	LAUDERHILL, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TRENK, SEYMOUR	
STREET ADDRESS	4126 INVERRARY DR.	
CITY - ST - ZIP	LAUDERHILL, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TACHER, AL	
STREET ADDRESS	4092 INVERRARY DR.	
CITY - ST - ZIP	LAUDERHILL, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
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	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HELEN WARZAGER	
1.3 STREET ADDRESS	4070 INVERRARY DRIVE	
1.4 CITY - ST - ZIP	LAUDERHILL, FL 33319	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Herbert Silverman* 4/10/97 - HERBERT SILVERMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0035117

CF2E037 (9/96)