

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90122 005 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 727119**

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 08/07/1973	4. FEI Number 23-7441076 Applied For 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
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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	85 Zip Code
			FL	

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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SILVERMAN, HERBERT	
STREET ADDRESS	4184 INVERRARY DRIVE	
CITY-ST-ZIP	LAUDERHILL FL	
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	T	<input type="checkbox"/> DELETE
NAME	TACHER, AL	
STREET ADDRESS	4092 INVERRARY DR.	
CITY-ST-ZIP	LAUDERHILL, FL 00000	
TITLE	S	<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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ISRAEL, EUGENIA
1.3 STREET ADDRESS	4124 INVERRARY DR
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 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 if changed, or on an attachment with an approval, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ Date: 4/27/99 Daytime Phone # \_\_\_\_\_

CR2E037 (11/98)