


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90099 025 ****61.25

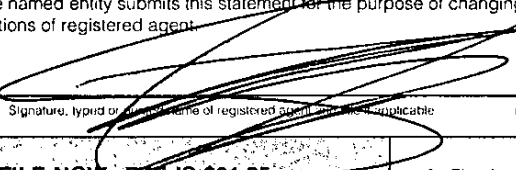
| | | | |
|---|---------|--|---------|
| DOCUMENT # 727119 | |  | |
| 1. Entity Name MANORS TOWNHOUSE CONDOMINIUM ASSOCIATION, INC. | | Principal Place of Business 4162 INVERRARY DRIVE LAUDERHILL FL 33319 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 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 | |



1st MOORE CR2E037 (10/05)

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent CAMPBELL PROPERTY MGMT. & REAL ESTATE, INC 4162 INVERRARY DRIVE LAUDERHILL FL 33319 | | 7. Name and Address of New Registered Agent Name: Pointe Management Grp. Eric Estebanez Street Address (P.O. Box Number is Not Acceptable): 15016 6th Ave Suite 206 City: DERRAY BEH State: FL Zip Code: 33483 | |
|---|--|--|--|

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:  DATE: **4/26/06**

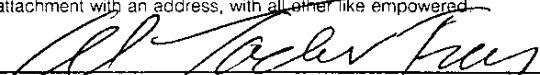
FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$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: VD | <input checked="" type="checkbox"/> Delete | TITLE: Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME: ISRAEL, DONAL | | NAME: ROJ BALANCE | |
| STREET ADDRESS: 4124 INVERRARY DR. | | STREET ADDRESS: 4138 INVERRARY DR | |
| CITY-ST-ZIP: LAUDERHILL FL 33319 | | CITY-ST-ZIP: LAUDERHILL FL 33319 | |
| TITLE: D | <input type="checkbox"/> Delete | TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: GIBBS, DEBRA | | NAME: | |
| STREET ADDRESS: 4122 INVERRARY DR | | STREET ADDRESS: | |
| CITY-ST-ZIP: LAUDERHILL FL 33319 | | CITY-ST-ZIP: | |
| TITLE: D | <input type="checkbox"/> Delete | TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: KENNEDY, DOREEN | | NAME: | |
| STREET ADDRESS: 4082 INVERRARY DR. | | STREET ADDRESS: | |
| CITY-ST-ZIP: LAUDERHILL FL 33319 | | CITY-ST-ZIP: | |
| TITLE: P | <input type="checkbox"/> Delete | TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: TRENK, SEYMOUR | | NAME: | |
| STREET ADDRESS: 4126 INVERRARY DR. | | STREET ADDRESS: | |
| CITY-ST-ZIP: LAUDERHILL FL 33319 | | CITY-ST-ZIP: | |
| TITLE: TD | <input type="checkbox"/> Delete | TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: TACHER, AL | | NAME: | |
| STREET ADDRESS: 4092 INVERRARY DR. | | STREET ADDRESS: | |
| CITY-ST-ZIP: LAUDERHILL FL 33319 | | CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> Delete | TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | | NAME: | |
| STREET ADDRESS: | | STREET ADDRESS: | |
| CITY-ST-ZIP: | | CITY-ST-ZIP: | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE: **4/26/06**