FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996	
DOCUMENT 1. Corporation Name	#

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727139

(8)

THE MANORS CLUB, INC.								
Principal Place	of Business	Mailing Address				EII 410H BIBH BIAN BIBH		
4162 INVERRA		4162 INVERRARY DRIV LAUDERHILL FL 33319	-					
					3. Date Incorporated or Qualified 08/08/1973	3a. Date of Last 04/03/1		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For		
21 26				NOT APPLICABLE	Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			1 3. Certificate di Status Desired I I		Additional Required			
City & State City & State 23 28				Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees			
Zip	Country	Zip	Countr	у	8. This corporation has liability for inl			
24	25	29	30			Yes No		
	9. Name and Address of Curren	Registered Agent			10. Name and Address of New Re	gistered Agent		
			8	Name				
	ELL PROPERTY MGMT. & REAL E	STATE, INC	8:	Street Add	ress (P.O. Box Number is Not Acceptable)		
	VERRARY DRIVE			<u> </u>				
LAUDER	HILL FL 33319		8:	3				
			84	1 City		85 Zi	p Code	
44 Dura rank	10 the president of Continue 017 0000			<u> </u>	ration submits this statement for the purp	FL ~		
or register	red agent, or both, in the State of Floric th, and accept the obligations of, Secti	ia. Such change was authoriz	ed by the cor	poration's boar	ration submits this statement for the purple rd of directors. Thereby accept the appoin	ntment as registered	egistered office Lagent. Lam	
SIGNATURE _	Signature, typed or printed name of registered agent.	11d d and an all and an all an	OVE EL COLONIA					
12.	OFFICERS AND		13.	ent signature require	ADDITIONS/CHANGES TO OFFIC	DATE OF RSIANO DIRECTO	DBS IN 12	
TITLE	P DELETE Ralph Glantz		1.1 TITLE			☐ Change	Change Addition	
NAME			1.2 NAME			ORS IN 12 Addition Addition		
STREET ADDRESS	4162 INVERRARY DRIVE		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	LAUDERHILL FL		1.4 CITY-	ST-ZIP				
TITLE	\$ DELETE		2.1 TITLE			☐ Change	☐ Addition	
NAME	SCHERMER, GLADYS		2 2 NAME					
STREET ADDRESS	4162 INVERRARY DRIVE		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	LAUDERHILL FL		2. 4 CITY	-ST-ZIP				
TITLE	SKLAR, PHILIP	DELETE	3.1 TITLE			Change	☐ Addition	
NAME	SKLAH, PHILIP 4162 INVERRARY DR.		3.2 NAME					
STREET ADDRESS	LAUDERHILL FL			T ADDRESS				
CITY-ST-ZIP TITLE	D D	DELETE	3.4. CITY 4.1 TITLE	- ST- ZIP		Change	☐ Addition	
NAME	RECHT, NORMAN	Doctor	4.1 IIILE 4. 2 NAM	.		<u> — сланде</u>		
STREET ADDRESS	4162 INVERRARY DRIVE			T ADDRESS			1	
CITY-ST-ZIP	LAUDERHILL FL		4.3 STREE				į	
TITLE	D	DELETE	5.1 TITLE	51-711		☐ Change	Addition	
NAME	SOIFER, JOSEPH		5.2 NAME					
STREET ADDRESS	4162 INVERRARY DRIVE			T ADDRESS				
CITY-ST-ZIP	Lauderhill fl		5.4 CITY -					
TITLE	D	DELETE				☐ Change	☐ Addition	
NAME	LEIBLEIN, ROZ		6.2 NAME					
STREET ADDRESS	4162 INVERRARY DRIVE		6.3 STREE	T ADDRESS				
CITY-ST-ZIP	LAUDERHILL FL		6 4 CITY-				ļ	
14. I do hereb	by certify that the information supplied v	with this filing is voluntarily furn	nished and do	es not qualify for	for the exemption stated in Section 119.0. ate and that my signature shall have the sa	7(3)(k), Florida Statut	es. I further	
oath; that	I am an dificer or director of the corporation 12 or Block 12 or Block 13 if changed, or o	ation or the receiver or truste	e empowered	to execute thi	is report as required by Chapter 617, Flor	ida Statutes; and th	at my name	

Date

Daytime Phone #