FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(8)

THE MANORS CLUB, INC.						
Principal Plac	e of Business	Mailing Address		The state of the s	1841 61611 61812 81811 61811 61811 61811 1361	
4162 INVERRARY DRIVE 4162 INVERRARY DRIVE LAUDERHILL FL 33319 4519			ı			
				3. Date incorporated or Qualified 08/08/1973	3a. Date of Last Report 04/16/1996	
	Place of Business	2a. Mailing Address		4. FEI Number NOT APPLICABLE	Applied For	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.			NOT ATTLICABLE	Not Applicable		
22 27			5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & State City & State		······································	6. Election Campaign Financing	\$5.00 May Be		
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for		
24	9. Name and Address of Curre		30	Florida Statutes 10. Name and Address of New Re	Yes No	
	8, Name and Address of Carr	ent neglistered Agent	81 Name	10, Maille Blid Addition of Helf He	Aretana vidani	
CAMPBI	ELL PROPERTY MGMT. & REAL	. ESTATE, INC	B2 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
4162 INVERRARY DRIVE			5 Sireer Add	stess (F.O. Dox Number is Not Acceptat	ле ;	
LAUDERHILL FL 33319			83			
			84 City		85 Zip Code	
22 6		500 1 017 4500 5)- 17- Cut 4			FL 65 ZIP Code	
office or a agent. I a	to the provisions of Sections 617.05 registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such change was a gations of, Section 617.0503, Flo	uthorized by the corpora rida Statutes.	poration submits this statement for the pation's board of directors. I hereby accept	of the appointment as registered	
SIGNATURE		(1.4)	D. T. L.		DATE	
12.	Signature, typed or printed name of registered a OFFICERS A	ND DIRECTORS	Registered Agent signature requ	ADDITIONS/CHANGES TO OFFIC		
TrillE	P	DELETE	1.1 TITLE		Change Addition	
NAME	GLANTZ, RALPH		1.2 NAME		,	
STREET ADORESS	4162 INVERRARY DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	LAUDERHILL FL		1.4 CITY-ST-ZIP			
TITLE	S COUEDMED OLADVO	☐ DELETE	2.1 TITLE		Change Addition	
NAME OXOGET ADDRESS	SCHERMER, GLADYS 4162 INVERRARY DRIVE		2.2 NAME			
STREET ADDRESS	LAUDERHILL FL		2.3 STREET ADDRESS			
CITY - S1 - ZIP TITLE	VP	☐ DELETE	2 4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
NAME	SKLAR, PHILIP		3.2 NAME			
STREET ADDRESS	4162 INVERRARY DR.		3.3 STREET ADDRESS			
PITY ST. 7IP	LAUDERHILL FL		3.4. CITY-ST-ZIP		·	
		☐ DELETE	4.1 TITLE		Change Addition	
NAME	RECHT, NORMAN		4. 2 NAME			
STREET ADDRESS	4162 INVERRARY DRIVE		4.3 STREET ADDRESS		į	
CITY-ST-ZIP	LAUDERHILL FL	☐ DELETE	4.4 CITY+ST-ZIP 5.1 TITLE		Change Addition	
TITLE NAME	D SOIFER, JOSEPH	[Detrit	5.7 IIILE 5.2 NAME		Fine change in wanding i	
STREET ADDRESS	4162 INVERRARY DRIVE		5.3 STREET ADDRESS			
CITY-ST-ZIP	LAUDERHILL FL		5.4 CITY-ST-ZIP			
TITLE	D	DELETE	6.1 TiTLE		☐ Change ☐ Addition	
NAME	LEIBLEIN, ROZ	**	6.2 NAME			
STREET ADDRESS	4162 INVERRARY DRIVE		6.3 STREET ADDRESS		i	

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 if chapted, or op an attachment with an address.

SIGNATURE:

LAUDERHILL FL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

aytime Phone # 0035116

FILED

Apr 17 1997 8:00am

Secretary of State