

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90184 004 \*\*\*\*61.25

**DOCUMENT # 748470**

1. Entity Name

**MANOR CLUB CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**2020 TERRA MAR DRIVE  
POMPANO BEACH FL 33062**

Mailing Address

**2020 TERRA MAR DRIVE  
POMPANO BEACH FL 33062**

**50023747**



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1144297**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONDENETON LINE, INC.  
3601 W COMMERCIAL BLVD.  
#39  
FORT LAUDERDALE FL 33309**

Name

**CONDO NET ONLINE, Inc.**

Street Address (P.O. Box Number is Not Acceptable)

**6601 N.W. 14TH ST. SUITE #3**

City

**PLANTATION**

FL

Zip Code

**33313-4579**

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

*Judith Ann Ripley*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**3/1/05**

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | PD                       | <input type="checkbox"/> Delete |
| NAME           | ROWLAND, THOMAS          |                                 |
| STREET ADDRESS | 2020 TERRA MAR DRIVE     |                                 |
| CITY-ST-ZIP    | POMPANO BEACH FL 33062   |                                 |
| TITLE          | VP                       | <input type="checkbox"/> Delete |
| NAME           | DUHAMEL, EDGAR           |                                 |
| STREET ADDRESS | 2020 TERA MAR DR         |                                 |
| CITY-ST-ZIP    | POMPANO BEACH FL         |                                 |
| TITLE          | SD                       | <input type="checkbox"/> Delete |
| NAME           | VALENTI, SHERRY          |                                 |
| STREET ADDRESS | 2020 TERRA MAR DRIVE     |                                 |
| CITY-ST-ZIP    | POMPANO BEACH FL 33062   |                                 |
| TITLE          | TD                       | <input type="checkbox"/> Delete |
| NAME           | BARDONARO, SHARON        |                                 |
| STREET ADDRESS | 2020 TERRA MAR DR., #202 |                                 |
| CITY-ST-ZIP    | POMPANO BEACH FL 33062   |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | DRAKE, RYAN              |                                 |
| STREET ADDRESS | 2020 TERRA MAR DR., #110 |                                 |
| CITY-ST-ZIP    | POMPANO BEACH FL 33062   |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

12. 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 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: Thomas S. Rowland** **THOMAS S. ROWLAND - PRESIDENT** **2-19-05 954 784-6375**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #