2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT #769650

1. Entity Name

MANOR POINTE PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1861 PLACIDA RD

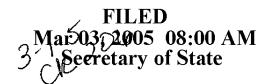
STE 201

ENGLEWOOD, FL 34223-4949 US

1861 PLACIDA ROAD

STE 201

ENGLEWOOD, FL 34223-4949 US





02162005 No Chg-NP

CR2E037 (10/03)

Fee Required

4. FEI Number	 Applied For
59-2328407	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional

6. Name and Address of Current Registered Agent

ITTERSAGEN, SCOTT D 1861 PLACIDA RD. SUITE 204 ENGLEWOOD, FL 34223

DO	NOT	WRITE
IN.	THIS	SPACE

	named entity submits this statement for the tons of registered agent.	purpose of changing its registere	d office or re	egistered agent, or bol	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title	it applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Financ Trust Fund Contribution.	eing 🖂	\$5.00 May Be Added to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIRE PD WEERASOOR'YA, ROMESH 1861 PIACIDA RD # 105 ENGLEWOOD, FL 34223 VPD VASHER, LYLE	CTORS			U00000250141 03/03/05-80032-005 61.25	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1861 PLACIDA RD. STE 103 ENGLEWOOD, FL SD ITTERSAGEN, SCOTT 1861 PIACIDA RD # 204 ENGLEWOOD, FL 34223			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARCO, SHARON 1861 PIACIDA RD #201 ENGLEWOOD, FL 34223		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling 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.