

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03 2005 08:00 AM
3-1-5 Secretary of State

DOCUMENT # 769650

1. Entity Name
**MANOR POINTE PROFESSIONAL CENTER
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**1861 PLACIDA RD
STE 201
ENGLEWOOD, FL 34223-4949 US**

Mailing Address

**1861 PLACIDA ROAD
STE 201
ENGLEWOOD, FL 34223-4949 US**



02162005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2328407

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WEERASOORYA, ROMESH
STREET ADDRESS 1861 PLACIDA RD # 105
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE VPD
NAME VASHER, LYLE
STREET ADDRESS 1861 PLACIDA RD. STE 103
CITY-ST-ZIP ENGLEWOOD, FL

TITLE SD
NAME ITTERSAGEN, SCOTT
STREET ADDRESS 1861 PLACIDA RD # 204
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE TD
NAME BARCO, SHARON
STREET ADDRESS 1861 PLACIDA RD # 201
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000250141
03/03/05-80032-005 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Sharon K Barco *SHARON K BARCO* *TICA* *3-1-5* *941-475-5461*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #