

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2006 08:00 AM**  
**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**



02032006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2328407** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**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)

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

DATE  
**02/18/06-80080-022 61.25**

**10. OFFICERS AND DIRECTORS**

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* *Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*SHARON K BARCO*

*02-03-06*

Date

*941-475-5461*

Daytime Phone #