

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 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**



01242007 No Chg-NP CR2E037 (4/06)

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WEERASOOR'YA, 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	

U00000606807
01/31/07-30011-016 61.25

**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 Barco TREAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SHARON BARCO

01-24-07 941-475-8461
Date Daytime Phone #