2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2009
Secretary of State

DOCUMENT# 769650

Entity Name: MANOR POINTE PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1861 PLACIDA RD
STE 201
ENGLEWOOD, FL 342234949 US

New Principal Place of Business:

Current Mailing Address:

1861 PLACIDA ROAD
STE 201
ENGLEWOOD, FL 342234949 US

New Mailing Address:

FEI Number: 59-2328407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WEERASOOR'YA, ROMESH
Address: 1861 PIACIDA RD # 105
City-St-Zip: ENGLEWOOD, FL 34223

Title: VPD ( ) Delete
Name: VASHER, LYLE,
Address: 1861 PLACIDA RD. STE 103
City-St-Zip: ENGLEWOOD, FL

Title: SD ( ) Delete
Name: ITTERSAGEN, SCOTT
Address: 1861 PIACIDA RD # 204
City-St-Zip: ENGLEWOOD, FL 34223

Title: TD ( ) Delete
Name: BARCO, SHARON
Address: 1861 PIACIDA RD # 201
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON K BARCO TD 03/08/2009

Electronic Signature of Signing Officer or Director — Date