


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90037 013 ****61.25

DOCUMENT # 771071					
1. Entity Name MANOR FOREST HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4110 MANOR FOREST BLVD BOYNTON BEACH, FL 33436			Mailing Address 4110 MANOR FOREST BLVD BOYNTON BEACH, FL 33436		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01142008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2368083				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SELZ & MUVDI SETZ, P.A. 214 BRAZILIAN AVE STE 220 PALM BEACH, FL 33480			7. Name and Address of New Registered Agent Name: <u>Southern Shores Management</u> Street Address (P.O. Box Number is Not Acceptable): <u>4524 Gun Club Rd #105</u> City: <u>West Palm Beach</u> <u>FL</u> Zip Code: <u>33415</u>		
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: <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Dana Kuecher, LCAM</u> <small>(NOTE: Registered Agent signature required when releasing)</small>		DATE: <u>4/7/08</u>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P NAME JOSEPH, BARBARA STREET ADDRESS 4240 FOREST GREEN LANE CITY-ST-ZIP BOYNTON BEACH, FL 33436	TITLE Vice Pres. NAME Barbara, Joseph STREET ADDRESS 4240 Forest Green Ln CITY-ST-ZIP Boynton Beach, FL 33436				
TITLE V NAME SMINGLER, JERE STREET ADDRESS 4130 GROVE PARK WEST CITY-ST-ZIP BOYNTON BEACH, FL 33436	TITLE Treas. NAME Sminglee, Jere STREET ADDRESS 4130 Grove Park Ln CITY-ST-ZIP Boynton Beach, FL 33436				
TITLE S NAME KEILSON, HERBERT STREET ADDRESS 7652 KINGS RIDE CITY-ST-ZIP BOYNTON BEACH, FL 33436	TITLE Dir NAME Keilson, Herbert STREET ADDRESS 7652 Kings Ride CITY-ST-ZIP Boynton Beach, FL 33436				
TITLE T NAME SMITH, JOANN STREET ADDRESS 7683 KINGS ROAD CITY-ST-ZIP BOYNTON BEACH, FL 33436	TITLE Pres. NAME Smith, JoAnn STREET ADDRESS 7683 Kings Ride CITY-ST-ZIP Boynton Beach, FL 33436				
TITLE D NAME CAMPBELL, RICHARD STREET ADDRESS 4145 GROVE PARK LANE CITY-ST-ZIP BOYNTON BEACH, FL 33436	TITLE S NAME Betty-Lou Brancato STREET ADDRESS 7646 Forest Green Ln CITY-ST-ZIP Boynton Beach, FL 33436				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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: <u>Jo Ann Smith</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>3-17-08</u> Daytime Phone #: <u>(561) 966-9194</u>			