## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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## DOCUMENT # N03000007852

1. Entity Name

MANCHESTER LAKES HOMEOWNERS ASSOCIATION OF BREVARD, INC.



01-20-2006 90031 006 \*\*\*\*61.25

Jan 20, 2006 8:00 am Secretary of State

**FILED** 

Principal Place of Business

Mailing Address

8075 20TH STREET VERO BEACH, FL 32966

8075 20TH STREET VERO BEACH, FL 32966



01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-0261761

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

772-226-22 1

6. Name and Address of Current Registered Agent

PERRY, STEVEN L 2400 SE FEDERAL HIGHWAY FOURTH FLOOR STUART, FL 34994

SIGNATURE

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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, 2006	<ol> <li>Election Campaign Finance Trust Fund Contribution.</li> </ol>	ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORAZI, WILLIAM 8075 20TH STREET MELBOURNE, FL 32966				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORTER, PATRICIA 8075 20TH STREET VERO BEACH, FL 32966				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRACCAROLI, PETER 8075 20TH STREET VERO BEACH, FL 32966			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
NAME STREET ADDRESS CITY-S1-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 of 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.					

SIGNING OFFICER OR DIRECTOR