

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

27.

FILED
Mar 13, 2007 8:00 am
Secretary of State

02-20-2007 90057 040 ****61.25

DOCUMENT # N06000007246					
1. Entity Name MANCHESTER SQUARE MASTER ASSOCIATION, INC.					
Principal Place of Business 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134			Mailing Address 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134		
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		Country		01242007 Chg-NP CR2E037 (12/06)	
4. FEI Number 20-5791372				☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HASTINGS, VIVIEN N 24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS, FL 34134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent signature required when re-registering) 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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ERHARDT, PAUL ☐ Delete 24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS, FL 34134				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TERRY, SHEILA ☒ Delete 24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS, FL 34134				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KEITH, SYLVIA ☐ Delete 2020 CLUBHOUSE DRIVE SUN CITY CENTER, FL 33573				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
DVP DYOROZNAK, BRIAN ☐ Change ☒ Addition 24301 WALDEN CENTER DR. BONITA SPRINGS, FL 34134					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
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: <i>Sylvia Keith</i> SYLVIA KEITH				2/13/07 813-642-1454	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	