

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N20992**

1. Entity Name  
**MANOR HOUSE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**100 NORTH OCEAN BLVD.  
DELRAY BEACH, FL 33483**

Mailing Address  
**100 NORTH OCEAN BLVD.  
DELRAY BEACH, FL 33483**



02262008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2824634**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LINDSEY, CAROL  
2501 FLORAL ROAD  
LAKE WORTH, FL 33462**

**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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBINSON, DONALD 100 N OCEAN BLVD DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V QUINONES, CELIA 100 N. OCEAN BLVD DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, RONALD 100 N. OCEAN BLVD DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BITTMAN, CAROLE 100 N. OCEAN BLVD. DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AXON, ADELL 100 NORTH OCEAN BLVD DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINDSEY, CAROL 2501 FLORAL ROAD LAKE WORTH, FL 33462

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03/18/08-80032-018 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:**

*M. Carol Lindsey* *M. Carol Lindsey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-28-08* *561-433-2100*

Date

Daytime Phone #