

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20992

FILED
Apr 14, 2009
Secretary of State

Entity Name: MANOR HOUSE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

100 NORTH OCEAN BLVD.
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

100 NORTH OCEAN BLVD.
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 59-2824634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINDSEY, CAROL
2501 FLORAL ROAD
LAKE WORTH, FL 33462 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: P () Delete
Name: ROBINSON, DONALD
Address: 100 N OCEAN BLVD
City-St-Zip: DELRAY BEACH, FL 33483

Title: V () Delete
Name: QUINONES, CELIA
Address: 100 N. OCEAN BLVD
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: RICE, RONALD
Address: 100 N. OCEAN BLVD
City-St-Zip: DELRAY BEACH, FL

Title: T () Delete
Name: BITTMAN, CAROLE
Address: 100 N. OCEAN BLVD.
City-St-Zip: DELARAY BEACH, FL 33483

Title: S () Delete
Name: AXON, ADELL
Address: 100 NORTH OCEAN BLVD
City-St-Zip: DELRAY BEACH, FL 33483

Title: S () Delete
Name: LINDSEY, CAROL
Address: 2501 FLORAL ROAD
City-St-Zip: LAKE WORTH, FL 33462 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: ROY, JOHN
Address: 100 N. OCEAN BLVD
City-St-Zip: DELRAY BEACH, FL

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: M. CAROL LINDSEY

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04/14/2009

Electronic Signature of Signing Officer or Director

Date