

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N38641**

1. Entity Name

**MANCHESTER OAKS HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

1025 DUNHURST CT.  
LONGWOOD FL 32779

Mailing Address

1048 DUNHURST CT  
LONGWOOD FL 32770

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3057395

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FINKELSTEIN, HOWARD B  
1048 DUNHURST CT.  
LONGWOOD FL 32779

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME PD  
STREET ADDRESS GRAINGER, GARRETT  
CITY-ST-ZIP 1025 DUNHURST CT  
LONGWOOD FL 32779 ☐ DeleteTITLE  
NAME D  
STREET ADDRESS VOLK, MICHAEL  
CITY-ST-ZIP 1018 DUNHURST CT.  
LONGWOOD FL ☐ DeleteTITLE  
NAME FINKELSTEIN, HOWARD  
STREET ADDRESS  
CITY-ST-ZIP 1048 DUNHURST CT.  
LONGWOOD FL ☐ DeleteTITLE  
NAME ST  
STREET ADDRESS VOLK, MARLENE  
CITY-ST-ZIP 1018 DUNHURST COURT  
LONGWOOD FL ☐ DeleteTITLE  
NAME D  
STREET ADDRESS CAMRON, BRIAN  
CITY-ST-ZIP 1043 DUNHURST CT  
LONGWOOD FL ☐ DeleteTITLE  
NAME LAURA Chmielewski  
STREET ADDRESS 1055 Dunhurst Ct  
CITY-ST-ZIP Longwood FL ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME ☐ Change ☐ AdditionTITLE  
NAME ☐ Change ☐ AdditionTITLE  
NAME ☐ Change ☐ AdditionTITLE  
NAME ☐ Change ☐ AdditionTITLE  
NAME ☐ Change ☐ AdditionTITLE  
NAME Director ☐ Change ☒ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02

Date

407-339-7709

Daytime Phone #

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

06-16-2002 90694 033 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)