

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90257 004 \*\*\*\*61.25

DOCUMENT # N38641  
1. Entity Name Manchester Oaks Homeowners Association



**DO NOT WRITE IN THIS SPACE**

66425494

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Same ->  
Suite, Apt. #, etc.  
3. Mailing Address 1048 Dunhurst Court  
Suite, Apt. #, etc.

City & State Longwood Florida  
Zip 32779 Country U.S.A.

4. FEI Number 59-3057395  
Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

Name Manchester Oaks HOA c/o H. Finkelstein  
Street Address (P.O. Box Number is Not Acceptable) 1048 Dunhurst Ct  
City Longwood FL Zip Code 32779

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 registering)

DATE

FEE (B \$61.25  
Initial or Amended UBR)

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	<u>PD - President</u> <u>Granger, Garrett</u> <u>1025 Dunhurst Ct Longwood 32779</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D - Director</u> <u>Michael Volk</u> <u>1018 Dunhurst Ct Longwood 32779</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TT - Treasurer</u> <u>Howard Finkelstein</u> <u>1048 Dunhurst Ct Longwood 32779</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D - Director</u> <u>Rita Meghjee</u> <u>1051 Dunhurst Ct Longwood 32779</u>
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Howard Finkelstein - Treasurer 4/24/04 (406)  
39A-7759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)