

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90008 042 ****61.25

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 & State

City & 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. 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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	GRAINGER, GARRETT	
STREET ADDRESS	1025 DUNHURST CT	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VOLK, MICHAEL	
STREET ADDRESS	1018 DUNHURST CT.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	TT	<input type="checkbox"/> Delete
NAME	FINKELSTEIN, HOWARD	
STREET ADDRESS	1048 DUNHURST CT.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	VOLK, MARLENE	
STREET ADDRESS	1018 DUNHURST COURT	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHRIELEWSKI, PAUL	
STREET ADDRESS	1055 DUNHURST COURT	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAZA Meghjee	
STREET ADDRESS	1034 Dunhurst Ct	
CITY-ST-ZIP	Longwood, FLA 32779	
TITLE	BT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tammy Dalton	
STREET ADDRESS	1030 Dunhurst Ct	
CITY-ST-ZIP	Longwood, FLA 32779	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pete Dalton	
STREET ADDRESS	1030 Dunhurst Ct	
CITY-ST-ZIP	Longwood FLA 32779	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Blaine Krause	
STREET ADDRESS	1054 Dunhurst Ct	
CITY-ST-ZIP	Longwood, FLA 32779	

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

Howard Finkelstein **Howard Finkelstein**

3/28/05

Date

404-339-7759

Daytime Phone #