

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38641

FILED
May 22, 2007
Secretary of State

Entity Name: MANCHESTER OAKS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1025 DUNHURST CT.
LONGWOOD, FL 32779

New Principal Place of Business:

1034 DUNHURST CT.
LONGWOOD, FL 32779

Current Mailing Address:

1048 DUNHURST CT
LONGWOOD, FL 32770

New Mailing Address:

FEI Number: 59-3057395 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FINKELSTEIN, HOWARD B
1048 DUNHURST CT.
LONGWOOD, FL 32779 US

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: PD () Delete
Name: MEGHJEE, RAZA
Address: 1034 DUNHURST CT
City-St-Zip: LONGWOOD, FL 32779

Title: T () Delete
Name: DALTON, TAMMY
Address: 1030 DUNHURST CT
City-St-Zip: LONGWOOD, FL 32779

Title: TT () Delete
Name: FINKELSTEIN, HOWARD
Address: 1048 DUNHURST CT.
City-St-Zip: LONGWOOD, FL

Title: D () Delete
Name: DALTON, PETE
Address: 1030 DUNHURST CT
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: AYOULO, SELIM
Address: 1000 DUNHURST COURT
City-St-Zip: LONGWOOD, FL

Title: D () Delete
Name: KRAUSE, BLAINE
Address: 1054 DUNHURST CT
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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: HOWARD FINKELSTEIN

TT

05/22/2007

Electronic Signature of Signing Officer or Director

Date