2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2009
Secretary of State

DOCUMENT# N38641

Entity Name: MANCHESTER OAKS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1034 DUNHURST CT.
LONGWOOD, FL 32779

New Principal Place of Business:

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:

FINKELSTEIN, HOWARD B
1048 DUNHURST CT.
LONGWOOD, FL 32779 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: PD ( ) Delete
Name: KRAUSE, BLAINE
Address: 1054 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 32779

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 32779

Title: D ( ) Delete
Name: MEGHJEE, RAZA
Address: 1031 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
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: HOWARD FINKELSTEIN TT 05/14/2009

Electronic Signature of Signing Officer or Director — Date