

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90048 050 ****61.25

DOCUMENT #N39550

1. Entity Name
MANCHESTER I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**STERLING MANAGEMENT, INC.
1701-B RICKENBACKER DRIVE
SUN CITY CENTER, FL 33573**

Mailing Address
**STERLING MANAGEMENT, INC.
1701-B RICKENBACKER DRIVE
SUN CITY CENTER, FL 33573**

40064701



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3072372

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LAW OFF. J. R. DE FURIO, P.A.
201 EAST KENNEDY BLVD, STE 1460
TAMPA, FL 33602**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **COCKER, JIM**
STREET ADDRESS **653 MCDANIEL ST**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **PD** ☐ Change ☒ Addition
NAME **LITTLEJOHN, LUCILLE**
STREET ADDRESS **642 MASTERPIECE DR.**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE **SD** ☒ Delete
NAME **LITTLEJOHN, LUCILLE**
STREET ADDRESS **642 MASTERPIECE DR**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **VPD** ☐ Change ☒ Addition
NAME **ERISMAN, ROBERT**
STREET ADDRESS **658 MASTERPIECE DR**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE **TD** ☒ Delete
NAME **WIESSMAN, EVELYN**
STREET ADDRESS **604 MCDANIEL ST.**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **SD** ☐ Change ☒ Addition
NAME **JURGENSEN, JOYCE**
STREET ADDRESS **660 MASTERPIECE DR**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE **D** ☒ Delete
NAME **DALTON, NORMA**
STREET ADDRESS **636 MCDANIEL ST**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **TD** ☐ Change ☒ Addition
NAME **HODGKINS, VIVIAN**
STREET ADDRESS **618 MASTERPIECE DR.**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE **D** ☒ Delete
NAME **MCCAFFREY, RICHARD**
STREET ADDRESS **704 MCDANIEL ST**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **D** ☐ Change ☒ Addition
NAME **JACKSON, MICHAEL**
STREET ADDRESS **536 MCDANIEL ST.**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE **VPD** ☒ Delete
NAME **JURNS, NEAL**
STREET ADDRESS **610 MASTERPIECE DR**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **D** ☐ Change ☒ Addition
NAME **KANZA, ROY**
STREET ADDRESS **635 MCDANIEL ST.**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Lucille Littlejohn, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/26/2007

(813) 642-8990