2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N39550

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MANCHE	STER I CONDOMINIUM A	SSOCIATION, INC.			400	CA7114			
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				647U 1 647U 1	 	idii akaji didki akt	111 81 8 1 1831
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02022007	Chg-NP	CR2E0	37 (12/06)	
City & State		City & State			50 2070270			oplied For ot Applicable	
Zip	Country	Zìp	Country		5. Certificate of	Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New	Registered	Agent	
LAW OFF	J. R. DE FURIO, P.A.		Name	•					
	KENNEDY BLVD, STE 1460		Street A		P.O. Box Number	is Not Acceptab	le)		
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			City				FL	Zîp Cod	9
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered office	or register	ed agent, or both,	in the State of F	lorida. I am	n familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and tale if applicable. (NOTE	: Registered Agent sig	nature required	l when reinstating)		DATE		
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2007		npaign Financing		\$5.00 May Be Added to Fees		Make ched	ck payable to	
SIGNATURE .	Filing Fee is \$61,25	9. Election Cam Trust Fund C	npaign Financing		\$5.00 May Be	Flo	Make chec	rtment of S	tate
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12. I hereby certify that the information supplied with this filling 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 eath; 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. (813)

642-8990