

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90079 023 ****61.25

DOCUMENT # N49986

1. Entity Name
MANCHESTER II CONDOMINIUM ASSOCIATION, INC.



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

Mailing Address
**1701-B RICKENBACKER DRIVE
SUN CITY CENTER, FL 33573**

40088428



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

3. Mailing Address

**Sterling Management
1904 Clubhouse Drive
Sun City Center, FL 33573**

pt. #, etc.

date

Country

01182008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3166241

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LAW OFFICES OF JAMES DE FURIO
201 E KENNEDY BLVD
STE 1460
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

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, 2008**

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	TD	<input checked="" type="checkbox"/> Delete
NAME	MCFARLAND, JUDITH	
STREET ADDRESS	806 MCDANIEL ST	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCBRIDE, DALTON	
STREET ADDRESS	718 MCDANIEL ST.	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	DUNCHUCK, JIM	
STREET ADDRESS	716 MASTERPIECE DR	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HEINZMAN, PAT	
STREET ADDRESS	749 MASTERPIECE DR	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONOFRIO, TONY	
STREET ADDRESS	715 MASTERPIECE DR.	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIGERI, ARNIE	
STREET ADDRESS	761 MCDANIEL ST.	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vince Renzi	
STREET ADDRESS	713 masterpiece drive.	
CITY-ST-ZIP	Sun City Center FL 33573	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald Howlett	
STREET ADDRESS	756 masterpiece drive.	
CITY-ST-ZIP	Sun City Center FL 33573	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Antonio M. Brice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/2008
Date

Pres.
Daytime Phone #