

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90319 044 \*\*\*\*61.25

**DOCUMENT # N93000002824**

1. Entity Name  
**MANCHESTER IV 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**

40011001



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3236767**

Applied For  
Not Applicable

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

**DE FURIO, JAMES R ESQ  
201 E. KENNEDY BLVD  
SUITE 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, 2006**

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 PD  
NAME SCOTT, HAROLD ☒ Delete  
STREET ADDRESS 801 MANCHESTER WOODS DR.  
CITY-ST-ZIP SUN CITY CENTER, FL

TITLE VP  
NAME SCHNEIDER, RICHARD ☐ Delete  
STREET ADDRESS 803 MANCHESTER WOODS DR  
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE TD  
NAME HOSMAN, HANK ☒ Delete  
STREET ADDRESS 818 MANCHESTER WOODS DR.  
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE D  
NAME HURLBRINK, AL ☒ Delete  
STREET ADDRESS 812 MANCHESTER WOODS DR.  
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE D  
NAME MCCORMICK, RICHARD ☒ Delete  
STREET ADDRESS 834 MCCALLISTER AVE.  
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE SD  
NAME GALLAGHER, ALICE ☐ Delete  
STREET ADDRESS 2210 MAYFIELD OAKS PLACE  
CITY-ST-ZIP SUN CITY CENTER, FL 33573

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition  
NAME Hosman, Hank  
STREET ADDRESS 814 Manchester Woods Dr.  
CITY-ST-ZIP Sun City Center, FL 33573

TITLE TD ☐ Change ☒ Addition  
NAME Gray, Carmelita  
STREET ADDRESS 826 McCallister Ave.  
CITY-ST-ZIP Sun City Center, FL 33573

TITLE D ☐ Change ☒ Addition  
NAME Scott, Harold  
STREET ADDRESS 801 Manchester Woods Dr.  
CITY-ST-ZIP Sun City Center, FL 33573

TITLE D ☐ Change ☒ Addition  
NAME Georges, Nuri  
STREET ADDRESS 2206 Mayfield Palms Ln.  
CITY-ST-ZIP Sun City Center, FL 33573

TITLE D ☐ Change ☒ Addition  
NAME Loveys, Bob  
STREET ADDRESS 2207 Mayfield Oaks Pl.  
CITY-ST-ZIP Sun City Center, FL 33573

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/06

Date

Daytime Phone #