


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-17-2007 90047 003 \*\*\*\*61.25

<b>DOCUMENT # N93000002824</b>						
<b>1. Entity Name</b> MANCHESTER IV CONDOMINIUM ASSOCIATION, INC.						
<b>Principal Place of Business</b> STERLING MANAGEMENT INC 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573			<b>Mailing Address</b> STERLING MANAGEMENT INC 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573			
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3236767		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>			
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			
<b>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.</b>						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
		Trust Fund Contribution.		<b>Make check payable to Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> PD	<b>NAME</b> HOSMAN, HANK		<input type="checkbox"/> Delete	<b>TITLE</b> VPD	<b>NAME</b> Georges, Nuri	
<b>STREET ADDRESS</b> 814 MANCHESTER WOODS DR	<b>CITY-ST-ZIP</b> SUN CITY CENTER, FL 33573		<input type="checkbox"/> Change	<b>STREET ADDRESS</b> 2206 Mayfield Palms Ln	<b>CITY-ST-ZIP</b> Sun City Center, FL 33573	
<b>TITLE</b> VP	<b>NAME</b> SCHNEIDER, RICHARD		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> TD	<b>NAME</b> Gray, Carmelita	
<b>STREET ADDRESS</b> 803 MANCHESTER WOODS DR	<b>CITY-ST-ZIP</b> SUN CITY CENTER, FL 33573		<input type="checkbox"/> Change	<b>STREET ADDRESS</b> 826 McCallister Ave.	<b>CITY-ST-ZIP</b> Sun City Center, FL 33573	
<b>TITLE</b> P	<b>NAME</b> SCOTT, HAROLD		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> Scott, Harold	
<b>STREET ADDRESS</b> 801 MANCHESTER WOODS DR	<b>CITY-ST-ZIP</b> SUN CITY CENTER, FL 33573		<input type="checkbox"/> Change	<b>STREET ADDRESS</b> 801 Manchester Wds Dr.	<b>CITY-ST-ZIP</b> Sun City Center, FL 33573	
<b>TITLE</b> D	<b>NAME</b> GEORGES, NURI		<input type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> Archbald, Roxine	
<b>STREET ADDRESS</b> 2206 MAYFIELD PALMS LN	<b>CITY-ST-ZIP</b> SUN CITY CENTER, FL 33573		<input type="checkbox"/> Change	<b>STREET ADDRESS</b> 815 Manchester Wds Dr.	<b>CITY-ST-ZIP</b> Sun City Center, FL 33573	
<b>TITLE</b> D	<b>NAME</b> LOVEYS, BOB		<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 2207 MAYFIELD OAKS PT	<b>CITY-ST-ZIP</b> SUN CITY CENTER, FL 33573		<input type="checkbox"/> Change	<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> SD	<b>NAME</b> GALLAGHER, ALICE		<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 2210 MAYFIELD OAKS PLACE	<b>CITY-ST-ZIP</b> SUN CITY CENTER, FL 33573		<input type="checkbox"/> Change	<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>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.</b>						
<b>SIGNATURE:</b> <u>HANK HOSMAN</u> <b>HANK HOSMAN</b> <u>3/26/07</u> <b>(813) 627-8010</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>PRESIDENT</b> Date Daytime Phone #						