
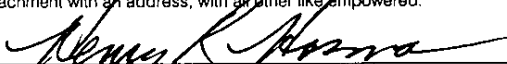


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-29-2008 90079 025 \*\*\*\*61.25

|  |   |  |  |
|--|---|--|--|
| <b>DOCUMENT # N93000002824</b><br>1. Entity Name<br><b>MANCHESTER IV CONDOMINIUM ASSOCIATION, INC.</b>   |   |   |  |
| Principal Place of Business<br><b>STERLING MANAGEMENT INC<br/>1701-B RICKENBACKER DRIVE<br/>SUN CITY CENTER, FL 33573</b>  |   | Mailing Address<br><b>STERLING MANAGEMENT INC<br/>1701-B RICKENBACKER DRIVE<br/>SUN CITY CENTER, FL 33573</b>                        |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>Sterling Management<br/>1904 Clubhouse Drive<br/>Sun City Center, FL 33573</b>  |   | 3. Mailing Address<br>St. #, etc.<br>Date<br>Country   |  |
| 4. FEI Number<br><b>59-3236767</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><b>DE FURIO, JAMES R ESQ<br/>201 E. KENNEDY BLVD<br/>SUITE 1460<br/>TAMPA, FL 33602</b>   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                  |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>HOSMAN, HANK<br>814 MANCHESTER WOODS DR<br>SUN CITY CENTER, FL 33573      | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D Scott, Harold<br>801 Manchester Woods Dr<br>Sun City Center FL 33573          | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>GEORGES, NURI<br>2206 MAYFIELD PALM LN<br>SUN CITY CENTER, FL 33573      | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>GRAY, CARMELITA<br>826 MCCALLISTER PALMS LN<br>SUN CITY CENTER, FL 33573  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>GEORGES, NURI<br>2206 MAYFIELD PALMS LN<br>SUN CITY CENTER, FL 33573       | <input checked="" type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>LOVEYS, BOB<br>2207 MAYFIELD OAKS PT<br>SUN CITY CENTER, FL 33573          | <input checked="" type="checkbox"/> Delete   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>GALLAGHER, ALICE<br>2210 MAYFIELD OAKS PLACE<br>SUN CITY CENTER, FL 33573 | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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>SIGNATURE:</b>   |   | Date <b>Mar 4, 2008</b> Daytime Phone #  |  |