

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90102 020 ****61.25

DOCUMENT # N97000003954 1. Entity Name MANCHESTER GREENS PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business GRS MGMT ASSOCIATES, INC 3900 WOOKLAKE BLVD STE 309 LAKE WORTH, FL 33463			Mailing Address GRS MGMT ASSOCIATES, INC 3900 WOOKLAKE BLVD STE 309 LAKE WORTH, FL 33463		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 65-0853292	
Zip		Country		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		
FIELDS, GARY D 4400 PGA BLVD STE 900 PALM BEACH GARDENS, FL 33410			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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	ECKERT, ALAN	NAME			
STREET ADDRESS	4064 MANCHESTER LAKE DR	STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP			
TITLE	T ☒ Delete	TITLE	☒ Change ☐ Addition		
NAME	KLEIT, STUART	NAME	<i>PD Kleit, Stuart</i>		
STREET ADDRESS	4017 MANCHESTER LAKE DR.	STREET ADDRESS	<i>4017 Manchester Lake Dr.</i>		
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP	<i>LAKE WORTH, FL 33467</i>		
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	ROSENBLUM, BERNARD	NAME			
STREET ADDRESS	4124 MANCHESTER LAKE DR.	STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	BLATTEIS, PETER	NAME			
STREET ADDRESS	4130 MANCHESTER LAKE DR.	STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP			
TITLE	P ☒ Delete	TITLE	☒ Change ☐ Addition		
NAME	ABRAMOWITZ, RICHARD	NAME	<i>TP Abramowitz, Richard</i>		
STREET ADDRESS	4070 MANCHESTER LAKE DR.	STREET ADDRESS	<i>4070 Manchester Lake Dr.</i>		
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP	<i>LAKE WORTH, FL 33467</i>		
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <i>R. Abramowitz</i> 2/16/06 561-432-472 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

