2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# N98000006920

Entity Name: MANCHESTER AT KINGS RIDGE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3577472 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC.
2180 W SR 434, SUITE 5000
LONGWOOD, FL 327795047 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: APFELBECK, RHODA
Address: 3791 EVERSHOLT ST
City-St-Zip: CLERMONT, FL 34711

Title: TD ( ) Delete
Name: CLARK, GARY
Address: 3808 EVERSHOLT ST
City-St-Zip: CLERMONT, FL 34711

Title: VPD ( ) Delete
Name: KEITH, ROWENA
Address: 3752 EVERSHOLT ST
City-St-Zip: CLERMONT, FL 34711

Title: PD ( ) Delete
Name: BOOKER, LEASTON
Address: 3945 EVERSHOLT ST
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete
Name: MULFORD, JOHN
Address: 3581 EVERSHOLT ST
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: CLARK, GARY
Address: 3808 EVERSHOLT ST
City-St-Zip: CLERMONT, FL 34711

Title: TD (X) Change ( ) Addition
Name: PERKINS, KEN
Address: 3716 EVERSHOLT ST
City-St-Zip: CLERMONT, FL 34711

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEASTON BOOKER PD 03/26/2009

Electronic Signature of Signing Officer or Director — Date