


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000041481	
1. Entity Name THE MANORS APARTMENTS, INC.	

Principal Place of Business 965 MANOR DRIVE #6A PALM SPRINGS, FL 33461	Mailing Address 965 MANOR DRIVE STE 6 PALM SPRINGS, FL 33461 US
--	---

DO NOT WRITE IN THIS SPACE



03082008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0681836	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ROSEN, PAUL
905 MANOR DRIVE
SUITE 6
PALM SPRINGS, FL 33461**

DO NOT WRITE
IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	--	--

10. OFFICERS AND DIRECTORS

TITLE P	ROSEN, PAUL
NAME	
STREET ADDRESS	965 MANOR DRIVE, STE 6
CITY-ST-ZIP	PALM SPRINGS, FL 33461
TITLE V	ROSEN, HARRY
NAME	
STREET ADDRESS	200 EAST BROWARD BLVD, 17 FLOOR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE ST	ROSEN, RON
NAME	
STREET ADDRESS	4000 HOLLYWOOD CIR #7825 SO.
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

000000880161
04/15/08-80049-012 150.00

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 607, 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: *Ron Rosen* **4/1/08 561-790-7453**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #