## 2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 727139** 

Entity Name: THE MANORS CLUB, INC.

Current Principal Place of Business:

C/O GRANT PROPERTY MANAGEMENT 851 BROKEN SOUND PARKWAY NW SUITE 102

BOCA RATON, FL 33487

## **Current Mailing Address:**

C/O GRANT PROPERTY MANAGEMENT 7124 NORTH NOB HILL ROAD TAMARAC, FL 33321 US

FEI Number: 23-7144107 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FOWLER WHITE BURNETT, P.A.

200 E LAS OLAS BLVD SUITE 2000 - PENTHOUSE B,

FT. LAUDERDALE, FL 33301 US

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: JOHN SHEPPARD 04/08/2025

Electronic Signature of Registered Agent

Date

FILED Apr 08, 2025

Secretary of State

4776623534CC

Officer/Director Detail:

Title PRESIDENT Title SECRETARY

Name BUCHANAN, SHELLEY Name INNISS, MICHELLE

Address C/O GRANT PROPERTY Address C/O GRANT PROPERTY

MANAGEMENT MANAGEMENT

7124 NORTH NOB HILL ROAD 7124 NORTH NOB HILL ROAD

City-State-Zip: TAMARAC FL 33321 City-State-Zip: TAMARAC FL 33321

Title TREASURER Title ASST. SECRETARY

Name ERHLICH, MATTHEW Name FRANCISCO, KATIUSKA

Address C/O GRANT PROPERTY Address C/O GRANT PROPERTY

MANAGEMENT MANAGEMENT

7124 NORTH NOB HILL ROAD 7124 NORTH NOB HILL ROAD

City-State-Zip: TAMARAC FL 33321 City-State-Zip: TAMARAC FL 33321

Title DIRECTOR Title DIRECTOR

Name PARDO, LUIS CARLOS Name TURNER, ELIZABETH

Address C/O GRANT PROPERTY Address C/O GRANT PROPERTY

MANAGEMENT MANAGEMENT

7124 NORTH NOB HILL ROAD 7124 NORTH NOB HILL ROAD

City-State-Zip: TAMARAC FL 33321 City-State-Zip: TAMARAC FL 33321

Title DIRECTOR Title DIRECTOR

Name FISCHER, KAREN Name PENN, VIVIAN

Address C/O GRANT PROPERTY Address C/O GRANT PROPERTY

MANAGEMENT MANAGEMENT

7124 NORTH NOB HILL ROAD 7124 NORTH NOB HILL ROAD

City-State-Zip: TAMARAC FL 33321 City-State-Zip: TAMARAC FL 33321

I hereby 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 all other like empowered.

SIGNATURE: BUCHANAN, SHELLEY PRESIDENT 04/08/2025

Electronic Signature of Signing Officer/Director Detail

Date