FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:48

DOCUMENT # **715465** **(1)**

1. Corporation Name
MANOR HOUSE OWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
509 WEST VENICE. VENICE FL 34285-2012	509 WEST VENICE. VENICE FL 34285-2012

3. Date Incorporated or Qualified: **10/22/1968**
3a. Date of Last Report: **01/20/1994**
4. FEI Number: **59-1347163** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

POWELL, SAMUEL R.
509 W. VENICE AVE.
#107
VENICE FL 34285

10. Name and Address of New Registered Agent

81 Name: JEROME H. VICTORY
82 Street Address (P.O. Box Number is Not Acceptable): 509 W VENICE AVE
83: #205
84 City: VENICE **FL** 85 Zip Code: 34285

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Jerome H Victory — JEROME H. VICTORY PRES — 4-7-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☒ Change ☐ Addition
NAME	POWELL, SAMUEL R.	1.2 NAME		
STREET ADDRESS	509 W VENICE AVE	1.3 STREET ADDRESS	DELETE	
CITY-ST-ZIP	VENICE, FL 00000	1.4 CITY-ST-ZIP		
TITLE	T	2.1 TITLE		☐ Change ☐ Addition
NAME	POWELL, MARGA N.	2.2 NAME		
STREET ADDRESS	509 W. VENICE AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP		
TITLE	VP	3.1 TITLE	P/D	☒ Change ☐ Addition
NAME	VICTORY, JEROME	3.2 NAME		
STREET ADDRESS	509 W. VENICE AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	SHALDA, LOUISE	4.2 NAME		
STREET ADDRESS	509 W. VENICE AVENUE	4.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	REID, MARIAN	5.2 NAME		
STREET ADDRESS	509 W VENICE AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jerome H Victory — JEROME H. VICTORY — 4-7-95 — (813) 485-2816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084308