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02-26-1999 90047 003 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715465

1. Corporation Name

MANOR HOUSE OWNERS ASSOCIATION, INC.

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/22/1968
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1347163 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

TRUNZO, PAUL B
509 W. VENICE AVE.
UNIT 204
VENICE FL 34285

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TRUNZO, PAUL B		1.2 NAME	
STREET ADDRESS	509 W. VENICE AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34285		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	VOLZ, FRANCIS		2.2 NAME	
STREET ADDRESS	509 W. VENICE AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34285		2. 4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SHALDA, LOUISE		3.2 NAME	
STREET ADDRESS	509 W. VENICE AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL		3.4. CITY-ST-ZIP	
TITLE	~~TD~~	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	~~REID, MARIAN~~		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	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	VARONE, JEAN		5.2 NAME	
STREET ADDRESS	509 WEST VENICE AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34285		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BOYD, CHARLES		6.2 NAME	
STREET ADDRESS	509 WEST VENICE AVENUE		6.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34285		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Paul B Trunzo SIGNATURE REQUIRED JAN 15, 1999 941-484-8604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)