2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State
02-23-2004 90024 009 ****61.25

DOCUMENT # 715465

1. Entity 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

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1347163 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MANOR HOUSE OWNERS ASSOCIATION
509 W. VENICE AVE.
VENICE FL 34285

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ DATE

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

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TRUNZO, PAUL B 509 W. VENICE AVE VENICE FL 34285	☒ Delete	D PACK, IMRE 509 WEST VENICE AVENUE VENICE, FL 34285	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHALDA, LOUISE 509 W. VENICE AVENUE VENICE FL	☐ Delete	D POWELL, SAM R. 509 W. VENICE AVE VENICE, FL 34285	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VARONE, JEAN 509 WEST VENICE AVENUE VENICE FL 34285	☒ Delete	T TAYLOR, PETER 509 WEST VENICE AVENUE VENICE, FL 34285	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WHITE, ROBERT 509 WEST VENICE AVENUE VENICE FL 34285	☒ Delete	S TAYLOR, MOLLY 509 WEST VENICE AVE VENICE, FL 34285	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VOLZ, FRANCIS 509 WEST VENICE AVENUE VENICE FL 34285	☒ Delete	ASST T-TR TRUNZO, PAUL B 509 West Venice Ave VENICE, FL 34285	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POWELL, SAM R. 509 WEST VENICE AVENUE VENICE, FL 34285	☒ Delete	P TRUNZO, PAUL B. 509 West Venice Ave. Venice FL 34285	☒ Change ☐ Addition

12. 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 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 617, 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: Paul B Trunzo (T) PAUL B TRUNZO 01-26-04 941-484-8604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #