

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715465

FILED
Jan 20, 2008
Secretary of State

Entity Name: MANOR HOUSE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

509 WEST VENICE
VENICE, FL 342852012

New Principal Place of Business:

Current Mailing Address:

509 WEST VENICE
VENICE, FL 342852012

New Mailing Address:

FEI Number: 59-1347163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, PETE T
509 W. VENICE AVE.
VENICE, FL 34285 US

Name and Address of New Registered Agent:

TAYLOR, PETE TREASUR
509 W. VENICE AVE. 209
VENICE, FL 34285 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: PETE TAYLOR

01/20/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: CABUL, FAITH
Address: 509 W. VENICE AVE
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: ROBERT, POWELL
Address: 509 W. VENICE AVENUE
City-St-Zip: VENICE, FL 34285

Title: T () Delete
Name: TAYLOR, PETE
Address: 509 WEST VENICE AVENUE
City-St-Zip: VENICE, FL 34285

Title: S () Delete
Name: TAYLOR, MOLLY
Address: 509 WEST VENICE AVENUE
City-St-Zip: VENICE, FL 34285

Title: P () Delete
Name: GARDNER, LEROY
Address: 509 WEST VENICE AVENUE
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: SHALDA, LOUISE
Address: 509 WEST VENICE AVE.
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CABUL, FAITH
Address: 509 W. VENICE AVE
City-St-Zip: VENICE, FL 34285

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PETE TAYLOR

T

01/20/2008

Electronic Signature of Signing Officer or Director

Date