2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# 715465

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 TREASUR
509 W. VENICE AVE. 209
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) 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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	SPRALEY, TOM	
Address:	509 W. VENICE AVENUE	
City-St-Zip:	VENICE, FL 34285	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	SPRALEY, TOM	
Address:	509 WEST VENICE AVENUE	
City-St-Zip:	VENICE, FL 34285	
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 03/20/2009
Electronic Signature of Signing Officer or Director — Date