


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90312 030 \*\*\*\*70.00

**DOCUMENT # N02000005704**

1. Entity Name  
**MANNING OAKS HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**C/O GOTTLIEB & GOTTLIEB, P.A.**  
**2475 ENTERPRISE RD STE 100**  
**CLEARWATER, FL 33763**

Mailing Address  
**C/O GOTTLIEB & GOTTLIEB, P.A.**  
**2475 ENTERPRISE RD STE 100**  
**CLEARWATER, FL 33763**

**50043971**



2. Principal Place of Business  
**1799-B N. Belcher Rd**

3. Mailing Address  
**P.O. Box 14357**

Suite, Apt. #, etc.

03072005 Chg-NP CR2E037 (10/03)

City & State  
**Clearwater FL.**

City & State  
**Clearwater**

Zip  
**33765**

Country  
**US**

Zip  
**FL**

Country  
**33766**

4. FEI Number  
**51-0420577**

Applied For  
 Not Applicable

5. Certificate of Status Desired -  **\$6.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GOTTLIEB & GOTTLIEB, P.A.**  
**2475 ENTERPRISE RD STE 100**  
**CLEARWATER, FL 33763**

7. Name and Address of New Registered Agent  
**Ameri-Tech Realty INC.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1799-B North Belcher Rd**  
 City  
**Clearwater** FL Zip Code  
**33765**

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: Michael C. Perez President 4-20-05  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25  
 Due by May 1, 2005

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP ROSS, THURMAN J III <input checked="" type="checkbox"/> Delete 2475 ENTERPRISE RD STE 100 CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS DOHERTY, JOSETTE <input checked="" type="checkbox"/> Delete 2475 ENTERPRISE RD STE 100 CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT DOHERTY, VINCENT <input checked="" type="checkbox"/> Delete 2475 ENTERPRISE RD STE 100 CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Devesh Tiwary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1682 Caropy Oaks Blvd. Palm Harbor, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Nair Duryea <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1608 Caropy Oaks Blvd Palm Harbor, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Joel Van Wezenaai <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1626 Caropy Oaks Blvd Palm Harbor, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO John Delaney <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3111 US Hwy 19 N. Palm Harbor, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Michael C. Perez as President HOA, 21 Apr 05 727 4899327  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #