


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90031 020 ****70.00

DOCUMENT # N02000005704					
1. Entity Name MANNING OAKS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1799-B N BELCHER RD CLEARWATER, FL 33765		Mailing Address P.O. BOX 14357 CLEARWATER, FL 33766			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 51-0420577	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AMERI-TECH REALTY, INC 1799-B N BELCHER RD CLEARWATER, FL 33765			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	YP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEVESH, TIWARY		NAME	Bob Schiras	
STREET ADDRESS	1682 CANOPY OAKS BLVD		STREET ADDRESS	1553 Canopy Oak Blvd.	
CITY-ST-ZIP	PALM HARBOR, FL 34683		CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	ND	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAIZ, DURYEA		NAME	Christy Watt	
STREET ADDRESS	1608 CANOPY OAKS BLVD		STREET ADDRESS	1568 Canopy Oaks Blvd.	
CITY-ST-ZIP	PALM HARBOR, FL 34683		CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAN WEZEINAAL, JOEL		NAME		
STREET ADDRESS	1626 CANOPY OAKS BLVD		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34683		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELANEY, JOHN		NAME		
STREET ADDRESS	31111 US HWY 19 N		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>John Delaney</u> President			Date: <u>2/12/06</u>		727-785-8052
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>