

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005704

FILED
Apr 21, 2007
Secretary of State

Entity Name: MANNING OAKS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1799-B N BELCHER RD
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14357
CLEARWATER, FL 33766

New Mailing Address:

FEI Number: 51-0420577 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AMERI-TECH REALTY INC
1799-B N BELCHER RD
CLEARWATER, FL 33765 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: VP () Delete
Name: SEHIROS, BOB
Address: 1553 CANOPY OAK BLVD
City-St-Zip: PALM HARBOR, FL 34683

Title: PD () Delete
Name: NAIZ, DURYEA
Address: 1608 CANOPY OAKS BLVD
City-St-Zip: PALM HARBOR, FL 34683

Title: TD () Delete
Name: VAN WEZEINAAL, JOEL
Address: 1626 CANOPY OAKS BLVD
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: WATT, CHRISTY
Address: 1568 CANOPY OAKS BLVD
City-St-Zip: PALM HARBOR, FL 34683

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: ZOUVES, MARIA
Address: 1519 CANOPY OAK BLVD
City-St-Zip: PALM HARBOR, FL 34683

Title: PD (X) Change () Addition
Name: GAINES, JOHN
Address: 1679 CANOPY OAKS BLVD
City-St-Zip: PALM HARBOR, FL 34683

Title: TD (X) Change () Addition
Name: KOSTAKIS, DINA
Address: 1561 CANOPY OAKS BLVD
City-St-Zip: PALM HARBOR, FL 34683

Title: D (X) Change () Addition
Name: ELIAS, ED
Address: 100 PIERCE STREET #1202
City-St-Zip: CLEARWATER, FL 33756

Title: SD () Change (X) Addition
Name: SLIPPEL, NORMAN
Address: 1569 CANOPY OAKS BLVD
City-St-Zip: PALM HARBOR, FL 34683

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN GAINES

PD

04/21/2007

Electronic Signature of Signing Officer or Director

_____ Date