

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 10:48**

DOCUMENT # N22431 (3)

**1. Corporation Name
MANOR HILL OWNERS' ASSOCIATION, INC.**

Principal Place of Business Mailing Address
**C/O BERT J. HARRIS, III
212 INTERLAKE BLVD.
LAKE PLACID FL 33852**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/10/1987 **3a. Date of Last Report 05/01/1994**
4. FEI Number 59-2854963 **Applied For Not Applicable**
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **26**
22 **27**
23 **28**
24 **25** **29** **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARRIS, BERT J., III
212 INTERLAKE BLVD.
LAKE PLACID FL 33852**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ **Signature, typed or printed name of registered agent and fee if applicable** **(NOTE: Registered Agent signature required when registering)** _____ **DATE** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCE, RICHARD	1.2 NAME	Louis Amarosa
STREET ADDRESS	2009 SUNRISE DR	1.3 STREET ADDRESS	3801 Sunrise Dr
CITY-ST-ZIP	SEBRING FL	1.4 CITY-ST-ZIP	Sebring, FL
TITLE	VPD	2.1 TITLE	V Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEARS, F TERRANCE	2.2 NAME	Willis Gentile
STREET ADDRESS	23416 MONZA DR	2.3 STREET ADDRESS	3705 Sunrise Dr
CITY-ST-ZIP	SEBRING FL	2.4 CITY-ST-ZIP	Sebring, FL
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, KAY ANN	3.2 NAME	
STREET ADDRESS	3902 SUNRISE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, WARREN	4.2 NAME	
STREET ADDRESS	2831 SUNRISE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, MARION	5.2 NAME	Dorothy Olson
STREET ADDRESS	3712 SUNRISE DR	5.3 STREET ADDRESS	3215 Monza
CITY-ST-ZIP	SEBRING FL	5.4 CITY-ST-ZIP	Sebring, FL
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: KAY ANN RICE, Sec/Treas *Kay Ann Rice* **4/4/95** **813-471-2332**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #