

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

C/O BERT J. HARRIS, III  
212 INTERLAKE BLVD.  
LAKE PLACID FL 33852

3. Date Incorporated or Qualified  
**09/10/1987**

3a. Date of Last Report  
**04/07/1995**

2. Principal Place of Business **Manor Hill** 2a. Mailing Address **Manor Hill Home**

21 **Home Owners' Assn., Inc.**

26 **Owners' Assn. Inc.**

4. FEI Number  
**59-2854963**

Applied For  
Not Applicable

Suite, Apt. #, etc. **Owners' Assn. Inc.**

Suite, Apt. #, etc. **PO Box 1782**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 **PO Box 1782**

27 **PO Box 1782**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 **Sebring, Florida**

28 **Sebring, Florida**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 **33871**

25 **Highlands**

29 **33871**

30 **Highlands**

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 **Dorothy Olson**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3215 Monza Drive**  
83  
84 City **SEBRING** 85 Zip Code **FL 33872**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Dorothy Olson*

(NOTE: Registered Agent Signature required when re-registering)

*3/27/96*

12. OFFICERS AND DIRECTORS

13. ADDITIONS OF CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>AMAROSA, LOUIS</b>	
STREET ADDRESS	<b>3801 SUNRISE DR</b>	
CITY - ST - ZIP	<b>SEBRING FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>GENTILE, WILLIS</b>	
STREET ADDRESS	<b>3705 SUNRISE DR</b>	
CITY - ST - ZIP	<b>SEBRING FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>RICE, KAY ANN</b>	
STREET ADDRESS	<b>3902 SUNRISE DR</b>	
CITY - ST - ZIP	<b>SEBRING FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTIN, WARREN</b>	
STREET ADDRESS	<b>2831 SUNRISE DR</b>	
CITY - ST - ZIP	<b>SEBRING FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>OLSON, DOROTHY</b>	
STREET ADDRESS	<b>3215 MONZA</b>	
CITY - ST - ZIP	<b>SEBRING FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 19.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Louis Amarosa, Pres.**

**3/27/96**

**941-471-2428**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)