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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N22431**

1. Corporation Name

**MANOR HILL OWNERS' ASSOCIATION, INC.**

Principal Place of Business

P.O. BOX 1782  
 SEBRING FL 33871  
 US

Mailing Address

P.O. BOX 1782  
 SEBRING FL 33871  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

**09/10/1987**

22 City & State

27 City & State

4. FEI Number

Applied For

**59-2854963**

Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

24

25

29

30

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICE, KAY A  
 3902 SUNRISE DR  
 SEBRING FL 33872

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  DELETE  
 NAME DON JOHNSON  
 STREET ADDRESS 1700 SUNRISE DR.  
 CITY-ST-ZIP SEBRING FL

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE VP  DELETE  
 NAME ELMORE, BILL  
 STREET ADDRESS 3107 MONZA DR  
 CITY-ST-ZIP SEBRING FL 33872

2.1 TITLE D  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE ST  DELETE  
 NAME RICE, KAY ANN  
 STREET ADDRESS 3902 SUNRISE DR  
 CITY-ST-ZIP SEBRING FL

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME STANGE, PATRICIA  
 STREET ADDRESS 2917 MONZA DR  
 CITY-ST-ZIP SEBRING FL 33872

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME MARABEL, STEVE  
 STREET ADDRESS 3206 MONZA DR  
 CITY-ST-ZIP SEBRING FL 33872

5.1 TITLE VP  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Kay Ann Rice* KAY ANN RICE  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/99 941-471-2332  
 Date Daytime Phone #

CR2E037 (11/98)