

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90604 048 ****61.25

0067302

DOCUMENT # N22431

1. Entity Name

MANOR HILL OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1782
 SEBRING FL 33871
 US

P.O. BOX 1782
 SEBRING FL 33871
 US

U R R U U U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2854963

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICE, KAY A
3902 SUNRISE DR
SEBRING FL 33872

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	KAISER, JERRY	4000 SUNRISE DR	SEBRING FL 33872	<input type="checkbox"/>	<input type="checkbox"/>
D	SNAPP, BARBARA	3100 MONZA DR	SEBRING FL 33872	<input type="checkbox"/>	<input type="checkbox"/>
ST	RICE, KAY ANN	3902 SUNRISE DR	SEBRING FL	<input type="checkbox"/>	<input type="checkbox"/>
VP	STANGE, PATRICIA	2917 MONZA DR	SEBRING FL 33872	<input type="checkbox"/>	<input type="checkbox"/>
P	MARABEL, STEVE	3206 MONZA DR	SEBRING FL 33872	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Hoover, Rodney	2623 Island Drive	Sebring, FL 33872	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. 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 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: _____

KAY ANN RICE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/9/01

Daytime Phone #

863-471-2332

CR2E037 (10/00)