

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90012 023 ****61.25



DOCUMENT # N22431
1. Entity Name
MANOR HILL OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
P.O. BOX 7978 P.O. BOX 7978
SEBRING FL 33872-0117 SEBRING FL 33872-0117
US US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number Applied For
59-2854963 Not Applicable

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

6. Name and Address of Current Registered Agent
RICE, KAY A
3902 SUNRISE DR
SEBRING FL 33872

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	STROHL, DONNA	
STREET ADDRESS	3614 MONZA DR	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input type="checkbox"/> Delete
NAME	TROMBLEY, SHERRY	
STREET ADDRESS	2517 SUNRISE DR	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RICE, KAY ANN	
STREET ADDRESS	3902 SUNRISE DR	
CITY-ST-ZIP	SEBRING FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	STANGE, PATRICIA	
STREET ADDRESS	2917 MONZA DR	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOOVER, RODNEY	
STREET ADDRESS	2623 ISLAND DRIVE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	pres.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	
STREET ADDRESS	John Cooke	
CITY-ST-ZIP	3307 Monza Drive Sebring, FL 33872	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	
STREET ADDRESS	Jean Knapp	
CITY-ST-ZIP	3120 Sunrise Drive Sebring, FL 33872	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 lines empowered.

SIGNATURE: *Kay Ann Rice, Sec.* 2/4/04 863-471-2332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #