


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90054 049 ****61.25

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



Principal Place of Business P.O. BOX 7978 SEBRING FL 33872-0117 US	Mailing Address P.O. BOX 7978 SEBRING FL 33872-0117 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/05)

City & State	City & State	4. FEI Number 59-2854963	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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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, 2006

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	P	<input type="checkbox"/> Delete
NAME	STROHL, DONNA	
STREET ADDRESS	3614 MONZA DR	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	VP	<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	VP	<input checked="" type="checkbox"/> Delete
NAME	HOOVER, RODNEY	
STREET ADDRESS	2623 ISLAND DRIVE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KNAPP, JEAN	
STREET ADDRESS	3120 SUNRISE 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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 exemptions contained in Section 119, 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 sec/tras. *Kay Ann Rice* 2/13/06 863-471-2332