

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90142 030 ****61.25

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

J0021041



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

P O Box 7978

P O Box 7978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sebring, FL

City & State
Sebring, FL

4. FEI Number **59-2854963**

Applied For
Not Applicable

Zip
33872-0117

Country
Highlands

Zip
33872-0117

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. 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
NAME **KAISER, JERRY**
STREET ADDRESS **4000 SUNRISE DR**
CITY-ST-ZIP **SEBRING FL 33872**

TITLE **Strohl, Donna D** Change Addition
NAME
STREET ADDRESS **3614 Monza Drive**
CITY-ST-ZIP **Sebring, FL 33872**

TITLE **VP** Delete
NAME **SNAPP, BARBARA**
STREET ADDRESS **3100 MONZA DR**
CITY-ST-ZIP **SEBRING FL 33872**

TITLE **D** Change Addition
NAME **Sherry Trombley**
STREET ADDRESS **2517 Sunrise Dr**
CITY-ST-ZIP **Sebring, FL 33872**

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** Delete
NAME **STANGE, PATRICIA**
STREET ADDRESS **2917 MONZA DR**
CITY-ST-ZIP **SEBRING FL 33872**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **HOOVER, RODNEY**
STREET ADDRESS **2623 ISLAND DRIVE**
CITY-ST-ZIP **SEBRING FL 33872**

TITLE **VP** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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 like empowered.

SIGNATURE: *Kay Ann Rice* **Dec 10 2003** 2/7/03 863-471-

CR2E037 (10/02)