

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90036 001 ****61.35

DOCUMENT # 716363

1. Entity Name

MANOR HOUSE SOUTH OWNERS ASSOCIATION, INC.



Principal Place of Business

510 GRANADA AVE
VENICE FL 34285

Mailing Address

510 GRANADA AVE
VENICE FL 34285

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1424539

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEWARTS
1224 RIDGEWOOD AVE
VENICE FL 34292

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, 2007

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	VPD	<input type="checkbox"/> Delete
NAME	KAPAVITCH, STEPHEN	
STREET ADDRESS	510 GRANADA AVE # 108	
CITY - ST - ZIP	VENICE FL 34285	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WORTHINGTON, CHERYL	
STREET ADDRESS	510 GRANADA AVE, # 106	
CITY - ST - ZIP	VENICE FL 34285	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LINDQUIST, ALLEN	
STREET ADDRESS	510 GRANADA AVE, #110	
CITY - ST - ZIP	VENICE FL 34285	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PLOCKI, TOM	
STREET ADDRESS	242 ROCKINGWORTH RD	
CITY - ST - ZIP	PITTSBURGH PA 15238	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GATES, EDWARD J	
STREET ADDRESS	309 MINERAL SPRINGS DR	
CITY - ST - ZIP	KELLER TX 76248	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPAVITCH, STEPHEN	
STREET ADDRESS	510 GRANADA AVE #108	
CITY - ST - ZIP	VENICE, FL 34285	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORTHINGTON, CHERYL	
STREET ADDRESS	1731 AUBURN LAKES DR #13	
CITY - ST - ZIP	VENICE, FL 34292	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIRTH, DONALD	
STREET ADDRESS	36 HONEYHILL RD	
CITY - ST - ZIP	LYME CT 06371	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATES, EDWARD J	
STREET ADDRESS	309 MINERAL SPRINGS DR	
CITY - ST - ZIP	KELLER TX 76248	
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-07 (941)484-2488
Date Daytime Phone #