

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90085 049 ****61.25

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**

40088726



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1424539

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

**STEWARTS
1224 RIDGEWOOD AVE
VENICE, FL 34292**

Name **SANDI RAASCH**
St **Anne Skinner's Tax & Bkpg**
333 Tamiami Trail S, Ste 257
Ci **Venice FL 34285**
Zip Code

Similar with, and accept

8. The above named entity submits this statement for the purpose of changing its registered office, the obligations of registered agent.

SIGNATURE

Sandi Raasch

SANDI RAASCH

4/23/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	SD KAPAVITCH, STEPHEN 510 GRANADA AVE # 108 VENICE, FL 34285	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WORTHINGTON, CHERYL 1731 AUBURN LAKES DR #13 VENICE, FL 34292	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LINDQUIST, ALLEN 510 GRANADA AVE, #110 VENICE, FL 34285	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIRTH, DONALD 36 HONEY HILL RD OLD LYME, CT 06371	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GATES, EDWARD J 309 MINERAL SPRINGS DR KELLER, TX 76248	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR PLOCKI, Tom 510 GRANADA AVE VENICE FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 another like empowered.

SIGNATURE:

AL Lindquist

AL LINDQUIST

4/24/08

941-488-9247

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #