

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

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90083 049 ****61.25

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1. Entity Name

EL RED MANOR HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

31 D EL RED MANOR
TAVARES FL 32778
US

31 D EL RED MANOR
TAVARES FL 32778
US



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

59-2797615

Applied For

Not Applicable

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

COLLING, LEE J
682 MAITLAND AVE
ALTAMONTE SPRINGS FL 32701

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME THOMAS, HAROLD E
STREET ADDRESS 12 A EL RED MANOR
CITY-STATE-ZIP TAVARES FL 32778

TITLE ☒ Change ☐ Addition
NAME PATTY ESTERGAARD
STREET ADDRESS 29 D EL RED DR
CITY-STATE-ZIP TAVARES, FL 32778

TITLE D ☐ Delete
NAME VANBUREN, VANA
STREET ADDRESS 208 EL RED MANOR
CITY-STATE-ZIP TAVARES FL 32778

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D ☐ Delete
NAME HENDERSHOT, JAMES
STREET ADDRESS 31 D EL RED DR.
CITY-STATE-ZIP TAVARES FL 32778

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D ☒ Delete
NAME MORGAN, MARY ANN
STREET ADDRESS 26 B EL RED DR
CITY-STATE-ZIP TAVARES FL 32778

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D ☐ Delete
NAME ZICKAFOOSE, BILL
STREET ADDRESS 29B EL RED DR
CITY-STATE-ZIP TAVARES FL 32778

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/07

Date

352-742-4912

Daytime Phone #