

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 31, 2007 8:00 am**  
**Secretary of State**

07-31-2007 90008 034 \*\*\*\*61.25

**DOCUMENT # N12810**

1. Entity Name  
THE MANOR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
2870 SCHERER DR 7300 Park St.  
SUITE 100 Seminole FL 33777  
SAINT PETERSBURG, FL 33716 -US SAINT PETERSBURG, FL 33716 -US

33777



07262007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2714085

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

~~CIANFRONE, JOSEPH~~ Resource Property Mgmt  
1964 BAYSHORE BLVD 7300 Park St.  
DUNEDIN, FL 34698 Seminole, FL 33777

**DO NOT WRITE  
IN THIS SPACE**

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 *Lucinda Johnson*

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 September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |   |
|----------------|---|
| TITLE          | S   |
| NAME           | COX, KIM                                    |
| STREET ADDRESS | 5555 67TH AVE N 5559                        |
| CITY-ST-ZIP    | PINELLAS PARK, FL 33781                     |
| TITLE          | VP  |
| NAME           | <del>LUCINDA, JOSEPH</del> Johnson, Lucinda |
| STREET ADDRESS | 5691 67TH AVE NORTH                         |
| CITY-ST-ZIP    | PINELLAS PARK, FL 33781                     |
| TITLE          | T   |
| NAME           | BONDS, TIRRAH                               |
| STREET ADDRESS | 5683 67TH AVE NORTH                         |
| CITY-ST-ZIP    | PINELLAS PARK, FL 33781                     |
| TITLE          | D   |
| NAME           | SMITH, VINCENT                              |
| STREET ADDRESS | 5549 67TH AVE NORTH                         |
| CITY-ST-ZIP    | PINELLAS PARK, FL 33781                     |
| TITLE          | P   |
| NAME           | SCHUYLER, PAMELA                            |
| STREET ADDRESS | 5555 67TH AVE. N.                           |
| CITY-ST-ZIP    | PINELLAS PARK, FL 33781                     |
| TITLE          |   |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

**DO NOT WRITE  
IN THIS SPACE**

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 all other like empowered.

SIGNATURE: *Pam Schuyler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Pam Schuyler, President*