


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N15018</b> 1. Entity Name <b>MANOR PLACE OWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>33283 CORTEZ BLVD. DADE CITY, FL 33523</b>	Mailing Address <b>33283 CORTEZ BLVD. DADE CITY, FL 33523</b>
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**DO NOT WRITE IN THIS SPACE**



05142007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>HOOGEWIND, JACK 33283 CORTEZ BLVD. DADE CITY, FL 33523</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SVD MORAN, JUDY 33279 CORTEZ DADE CITY, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD HOOGEWIND, JACK 33283 CORTEZ BLVD. DADE CITY, FL 33523</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D SINGH, DARSHAN. 33277 CORTEZ BLVD, #A RIDGE MANOR, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/30/07-80051-009 61.25

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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:**  **Jack J. Hoge**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  332-383-2444  
Daytime Phone #