


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90059 024 ****61.25

DOCUMENT # N22431

1. Entity Name
MANOR HILL OWNERS' ASSOCIATION, INC.




Principal Place of Business: **P.O. BOX 7978 SEBRING, FL 33872-0117 US**

Mailing Address: **P.O. BOX 7978 SEBRING, FL 33872-0117 US**

DO NOT WRITE IN THIS SPACE

40041077



02152005 No Chg-NP: CR2E037 (10/03)

4. FEI Number 59-2854963	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RICE, KAY A
 3902 SUNRISE DR
 SEBRING, FL 33872**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2005**

8. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STROHL, DONNA 3614 MONZA DR SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TROMBLEY, SHERRY 2517 SUNRISE DR SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RICE, KAY ANN 3902 SUNRISE DR SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOKE, JOHN 3307 MONZA DRIVE SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOOVER, RODNEY 2623 ISLAND DRIVE SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNAPP, JEAN 3120 SUNRISE DRIVE SEBRING, FL 33872

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 fees empowered.

SIGNATURE: *Kay Ann Rice, Sec.* **2/16/05** **863-471-2332**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAY ANN RICE