


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

**FILED**  
**Jan 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N33304</b> 1. Entity Name <b>MANOR SHORES VILLAS TOWNHOME OWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>220 ANGLER AVE # 4 FORT WALTON BEACH, FL 32548 US</b>	Mailing Address <b>220 ANGLER AVE # 4 FORT WALTON BEACH, FL 32548 US</b>
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01052007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2961916</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>FIELDS, WESLEY 220 ANGLER DRIVE #4 FORT WALTON BEACH, FL 32548</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 <u><i>Wesley Fields</i></u> <b>JAN 8, 2007</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE</small>
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<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000581488 01/10/07-80089-018 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RUSSELL, JOHNY B. 220 ANGLER DRIVE #2 FT. WALTON BCH, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FIELDS, WES 220 ANGLER DR. #4 FT. WALTON BEACH, FL 32548</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD TULL, JUANITA M 220 ANGLER DRIVE #5 FORT WALTON BEACH, FL 32548</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <u><i>Wesley Fields</i></u> <b>JAN 8, 2007</b> <b>850-243-2266</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
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