

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90065 026 ****61.25

DOCUMENT # N96000003721

1. Entity Name
MANOR OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**219 MYRTLE RIDGE ROAD
LUTZ, FL 33549**

Mailing Address
**219 MYRTLE RIDGE ROAD
LUTZ, FL 33549**

60012051



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2436946

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**HUFSTETLER, DONALD R
219 MYRTLE RIDGE ROAD
LUTZ, FL 33549**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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 PD ☐ Delete
NAME HUFSTETLER, DONALD R
STREET ADDRESS 219 MYRTLE RIDGE ROAD
CITY-ST-ZIP LUTZ, FL 33549

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

TITLE VASD ☒ Delete
NAME BARBER, DIANE
STREET ADDRESS 17409 ISABELLE ANN
CITY-ST-ZIP LUTZ, FL 33549

TITLE ☒ Change ☐ Addition
NAME Eugene Johnson, VASD
STREET ADDRESS 123 Myrtle Ridge Road
CITY-ST-ZIP Lutz FL 33549

TITLE STD ☒ Delete
NAME WILLIAMS, BECKY
STREET ADDRESS 121 MYRTLE RIDGE ROAD
CITY-ST-ZIP LUTZ, FL 33549

TITLE ☒ Change ☐ Addition
NAME Williams, Mark, STD
STREET ADDRESS 121 Myrtle Ridge Rd
CITY-ST-ZIP Lutz FL 33549

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #