

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000003721

FILED  
Nov 15, 2007  
Secretary of State

**Entity Name:** MANOR OAKS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

219 MYRTLE RIDGE ROAD  
LUTZ, FL 33549

**New Principal Place of Business:**

**Current Mailing Address:**

219 MYRTLE RIDGE ROAD  
LUTZ, FL 33549

**New Mailing Address:**

121 MYRTLE RIDGE ROAD  
LUTZ, FL 33549

FEI Number: 59-2436946      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: DONALD R. HUFSTETLER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: HUFSTETLER, DONALD R  
Address: 219 MYRTLE RIDGE ROAD  
City-St-Zip: LUTZ, FL 33549

Title: VASD      ( ) Delete  
Name: JOHNSON, EUGENE  
Address: 123 MYRTLE RIDGE RD  
City-St-Zip: LUTZ, FL 33549

Title: STD      ( ) Delete  
Name: WILLIAMS, MARK  
Address: 121 MYRTLE RIDGE ROAD  
City-St-Zip: LUTZ, FL 33549

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VASD      (X) Change ( ) Addition  
Name: MCCARTHY, PAUL  
Address: 202 MYRTLE RIDGE RD  
City-St-Zip: LUTZ, FL 33549

Title: STD      (X) Change ( ) Addition  
Name: WILLIAMS, MARK D  
Address: 121 MYRTLE RIDGE ROAD  
City-St-Zip: LUTZ, FL 33549

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK D. WILLIAMS

STD

11/15/2007

Electronic Signature of Signing Officer or Director

Date