

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # N96000003721

1. Entity Name

MANOR OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

219 MYRTLE RIDGE ROAD
LUTZ, FL 33549

Mailing Address

121 MYRTLE RIDGE ROAD
LUTZ, FL 33549



01212008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2436946

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE VASD
NAME MCCARTHY, PAUL
STREET ADDRESS 202 MYRTLE RIDGE RD
CITY-ST-ZIP LUTZ, FL 33549

TITLE STD
NAME WILLIAMS, MARK D
STREET ADDRESS 121 MYRTLE RIDGE ROAD
CITY-ST-ZIP LUTZ, FL 33549

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000845468
03/13/08-80040-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mark D. Williams MARK D. WILLIAMS 2/23/08 (813) 909-9257