

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **750247** (9)  
1. Corporation Name  
**NOTTINGHAM MANOR CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**4304 LONDONTOWN ROAD TITUSVILLE FL 32796**      **4304 LONDONTOWN ROAD TITUSVILLE FL 32796**

3. Date Incorporated or Qualified **12/18/1979**      3a. Date of Last Report **01/27/1995**  
4. FEI Number **59-2988370**      Applied For Not Applicable  
5. Certificate of Status Desired       **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip Country 28. Zip Country  
24. 25. 29. 30.

9. Name and Address of Current Registered Agent  
**FRISBEE, DOYLE**  
**2074 KING RICHARD DRIVE**  
**TITUSVILLE FL 32796**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City      FL      85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Doyle Frisbee President/Director**      **April 24, 1996**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRISBEE, DOYLE	1.2 NAME	
STREET ADDRESS	2074 KING RICHARD DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32796	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	WATT, WILMA V	2.2 NAME	
STREET ADDRESS	4304 LONDONTOWN ROAD #127	2.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32796	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSNOT, RALPH	3.2 NAME	Richard Ross
STREET ADDRESS	4304 LONDONTOWN RD. #210	3.3 STREET ADDRESS	3031 Sir Hamilton Circle
CITY-ST-ZIP	TITUSVILLE FL 32796	3.4 CITY-ST-ZIP	Titusville, Florida 32780
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILBER, HERB	4.2 NAME	
STREET ADDRESS	4441 LONGBOW DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32796	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOREY, MARK	5.2 NAME	
STREET ADDRESS	4231 IVANHOE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32796	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOSH, DAN	6.2 NAME	Hugh Bartlett
STREET ADDRESS	4825 SQUIRES DRIVE	6.3 STREET ADDRESS	4304 Londontown Road #124
CITY-ST-ZIP	TITUSVILLE FL 32796	6.4 CITY-ST-ZIP	Titusville, Florida 32796

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Doyle Frisbee*      **April 24, 1996**      **407-267-9333**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

305097 (12/95)