

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

0067802

DOCUMENT # 750247

1. Entity Name

NOTTINGHAM MANOR CONDOMINIUM ASSOCIATION, INC.

03-31-2002 90047 027 ****61.25

Principal Place of Business

Mailing Address

**4304 LONDONTOWN ROAD
 SUITE #103
 TITUSVILLE FL 32796**

**4304 LONDONTOWN ROAD
 SUITE #103
 TITUSVILLE FL 32796**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2988370

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WATT, WILMA
 4304 LONDONTOWN RD
 SUITE #127
 TITUSVILLE FL 32796-1006**

Name
Teresa B. Nixon
 Street Address (P.O. Box Number is Not Acceptable)
4304 Londontown Rd. #205
Titusville **32796**
 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.

SIGNATURE *Teresa B. Nixon* Manager 3-20-2
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WARD, ROBERT 4304 LONDONTOWN RD #121 TITUSVILLE FL 32796 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COOPER, JANE 4304 LONDONTOWN RD #220 TITUSVILLE FL 32796 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COOPER, JANE 4304 LONDONTOWN RD #220 TITUSVILLE FL 32796 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BROOKS, JOHN 4304 LONDONTOWN RD #109 TITUSVILLE FL 32796 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WATT, WILMA 4304 LONDONTOWN RD #127 TITUSVILLE FL 32796 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input checked="" type="checkbox"/> Delete |

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Cooper, Jane 4304 Londontown Rd. #202 Titusville, Fl. 32796 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V-P Johns, Earl 4304 Londontown Rd. #209 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Brooks, John 4304 LondonTown Rd. #109 Titusville, Fl. 32796 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Martin, Jesse 4304 Londontown Rd. #126 Titusville, Fl. 32796 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Ward, Robert 4304 Londontown Rd. #121 Titusville, Fl. 32796 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer Teresa B. Nixon 4304 Londontown Rd. #205 Titusville, Fl. 32796 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Teresa B. Nixon* 3-20-2 3212629333
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)