


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90181 033 ****61.25

DOCUMENT # 750247			
1. Entity Name NOTTINGHAM MANOR CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 4304 LONDONTOWN ROAD SUITE #103 TITUSVILLE FL 32796		Mailing Address 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	
Zip	Country	Zip	Country

14020245



MOORE CR2E037 (11/03)

4. FEI Number 59-2988370	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NIXON, TERESA B 4304 LONDONTOWN RD SUITE #205 TITUSVILLE FL 32796-1006		7. Name and Address of New Registered Agent	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: BROOKS, JOHN H STREET ADDRESS: 4304 LONDONTOWN RD. #109 CITY-ST-ZIP: TITUSVILLE FL 32796	<input checked="" type="checkbox"/> Delete	TITLE: P NAME: Steve Miner STREET ADDRESS: 100 Canebreakers Dr. #102 CITY-ST-ZIP: Cocoa, Florida 32927	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VP NAME: SMALLEY, SCOTT STREET ADDRESS: 4304 LONDONTOWN RD. #118 CITY-ST-ZIP: TITUSVILLE FL 32796	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: Scott Smalley STREET ADDRESS: 4304 Londontown Dd. #118 CITY-ST-ZIP: Titusville, Florida 32796	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BROOKS, JOHN STREET ADDRESS: 4304 LONDONTOWN RD #109 CITY-ST-ZIP: TITUSVILLE FL 32796	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: ENLOW, MARGE STREET ADDRESS: 4304 LONDONTOWN RD. #108 CITY-ST-ZIP: TITUSVILLE FL 32796	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: COOPER, JANE STREET ADDRESS: 4304 LONDONTOWN RD. 3202 CITY-ST-ZIP: TITUSVILLE FL 32796	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: NIXON, TERESA B STREET ADDRESS: 4304 LONDONTOWN RD #205 CITY-ST-ZIP: TITUSVILLE FL 32796	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input 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* **4-28-4** **321-267-9333**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #