

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90006 040 ****61.25

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01112005 Chg-NP CR2E037 (10/03)

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 4304 London town Rd		3. Mailing Address 4304 London town Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Titusville 71		City & State Titusville 71	
4. FEI Number 59-2988370		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 32796	Country Brevard	Zip 71	Country Brevard

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: <u>Merlin Tice</u> Street Address (P.O. Box Number is Not Acceptable): <u>4304 London town Rd</u> <u>Unit # 130</u> City: <u>Titusville</u> FL Zip Code: <u>32796</u>	
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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: Merlin Tice DATE: 1-14-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	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: MINER, STEVE STREET ADDRESS: 100 CANEBREAKERS DR # 102 CITY-ST-ZIP: COCOA, FL 32927	<input checked="" type="checkbox"/> Delete	TITLE: P NAME: <u>Merlin R. Tice</u> STREET ADDRESS: <u>4304 London town Rd</u> CITY-ST-ZIP: <u>APT # 130 Titusville 71 32796</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: SMALLEY, SCOTT STREET ADDRESS: 4304 LONDONTOWN RD. #118 CITY-ST-ZIP: TITUSVILLE, FL 32796	<input checked="" type="checkbox"/> Delete	TITLE: VP NAME: <u>Don DeLong</u> STREET ADDRESS: <u>4304 London town Rd</u> CITY-ST-ZIP: <u>APT # 213 Titusville 71 32796</u>	<input checked="" 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 checked="" type="checkbox"/> Delete	TITLE: D NAME: <u>Earl Kaltenbaugh</u> STREET ADDRESS: <u>4304 LONDON TOWN RD</u> CITY-ST-ZIP: <u>APT # 120 Titusville 71 32796</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: NIXON, TERESA B STREET ADDRESS: 4304 LONDONTOWN RD #205 CITY-ST-ZIP: TITUSVILLE, FL 32796	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: <u>Gloria MacLean</u> STREET ADDRESS: <u>4304 LONDONTOWN RD</u> CITY-ST-ZIP: <u>APT # 224 Titusville 71 32796</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: T NAME: <u>EIA Tice</u> STREET ADDRESS: <u>4304 London town Rd</u> CITY-ST-ZIP: <u>APT # 130 Titusville 71 32796</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<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: Merlin Tice DATE: 1-14-05 321-267-9332
Signature and typed or printed name of signing officer or director. Date. Daytime Phone #