


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90337 015 ****61.25

DOCUMENT # 750247			
1. Entity Name NOTTINGHAM MANOR CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 4304 LONDONTOWN ROAD TITUSVILLE, FL 32796		Mailing Address 4304 LONDONTOWN ROAD 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
		01122006 Chg-NP CR2E037 (11/05)	
		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		7. Name and Address of New Registered Agent	
TICE, MERLIN 4304 LONDONTOWN RD UNIT # 130 TITUSVILLE, FL 32796		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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)			
Filing Fee is \$81.25 Due by May 1, 2006		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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TICE, MERLIN R	NAME	
STREET ADDRESS	4304 LONDONTOWN RD APT 130	STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL 32796	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELONG, DON	NAME	ANDY GIBGIN
STREET ADDRESS	4304 LONDONTOWN RD APT # 213	STREET ADDRESS	4304 LONDONTOWN RD #131
CITY-ST-ZIP	TITUSVILLE, FL 32796	CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KALTENBAUGH, EARL	NAME	CAROL KASEY
STREET ADDRESS	4304 LONDONTOWN RD APT # 120	STREET ADDRESS	4304 LONDONTOWN RD #107
CITY-ST-ZIP	TITUSVILLE, FL 32796	CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	D <input type="checkbox"/> Delete	TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACLEAN, GLORIA	NAME	
STREET ADDRESS	4304 LONDONTOWN RD APT # 224	STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL 32796	CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TICE, ILA	NAME	
STREET ADDRESS	4304 LONDONTOWN RD APT # 130	STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL 32796	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	DIRECTOR WOODY RICE
STREET ADDRESS		STREET ADDRESS	4304 LONDONTOWN RD # 205
CITY-ST-ZIP		CITY-ST-ZIP	TITUSVILLE, FL 32796
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: _____		Date: 4/8/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 321-383-7860	

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