2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



FILED Apr 10, 2008 8:00 am Secretary of State

DOCUMEN I # /5024/ 1. Entity Name NOTTINGHAM MANOR CONDOMINIUM ASSOCIATION, INC.						04-10-2008 90025 024 ****61.25			
4304 LONDONTOWN ROAD 4304			uiling Address 304 LONDONTOWN ROAD TUSVILLE, FL 32796			₫00₽#±20			
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Ad	ddress						
Suite, Apt. #, etc. Su		Suite, Ap	Suite, Apt. #, etc.		010720	08 Chg-NP	CR2E037	(12/06)	
City & Stat	te	City & St	ate		4. FEI N 59-2	Imber 1988370			plied For Applicable
Zip	Zip Country Zi			Country		cate of Status Desired		8.75 Add se Required	
	6. Name and Address of Curre	nt Registered Age	ent		7. Name	and Address of New	Registered Ag	jent	
TIGE 4451				Name					
UNIT # 13	DONTOWN RD			Street A	Address (P.O. Box N	mber is Not Acceptal	ole)		
IIIOOVILI	LL, I L 32780			City			FL	Zip Code	9
8. The above the obligat	named entity submits this statement tions of registered agent.	t for the purpose of	changing its re	gistered office o	r registered agent, o	r both, in the State of I	Florida. I am far	niliar with,	and accept
CIONATURE									
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: R	legistered Agent signs	ture required when reinstatin	1)	DATE		
SIGNATURE.	Signature, typed or printed name of registered ap FIIIng Fee is \$61.25 Due by May 1, 2608		(NOTE: RE Election Campa Trust Fund Con	aign Financing	\$5.00 M	ay Be	Make check portida Departir	-	
	Filing Fee is \$61.25 Due by May 1, 2008	9.	Election Campa	aign Financing ntribution.	\$5.00 M Added to F	ay Be	Make check porida Departm	ent of St	ate -
10.	Filing Fee is \$61.25	9. DIRECTORS	Election Campa Trust Fund Con	aign Financing ntribution.	\$5.00 M Added to F	ay Be	Make check porida Departm CERS AND DIRE	CTORS IN	10 -
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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.

SIG	NAT	TUR	E

Mellen Jeil MERLIN TICE
SHORATURE AND TYPED OR PRINTED NAME OF BOOMHO OFFICER OR DIRECTOR