

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90145 018 ****61.25

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DOCUMENT # 751744 1. Entity Name NOTTINGHAM HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2848 PROCTOR RD 2828 PROCTOR RD SARASOTA, FL 34231 US			Mailing Address 2848 PROCTOR RD 2828 PROCTOR RD SARASOTA, FL 34231 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2499924	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MILLER MANAGEMENT SERVICES INC 2848 PROCTOR RD SARASOTA, FL 34231				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	VD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, MARY		NAME	ANDREWS, CHARLEY	
STREET ADDRESS	4372 ARROW AVE		STREET ADDRESS	4142 Arrow Avenue	
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP	Sarasota, FL 34232	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEATHER, TARA		NAME	MAPPERO, CINDY	
STREET ADDRESS	716 TUXFORD AVE		STREET ADDRESS	4349 Arrow Avenue	
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP	Sarasota, FL 34232	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARREN, GEORGIA		NAME	HEMMERICH, JACKIE	
STREET ADDRESS	4313 ARROW CIR		STREET ADDRESS	4280 King Richard Lane	
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP	Sarasota, FL 34232	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMSON, MARK		NAME	BOYDEN, ROBERT	
STREET ADDRESS	4367 ARROW AVE		STREET ADDRESS	732 Tuxford Drive	
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP	Sarasota, FL 34232	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELAPENHA, DON		NAME		
STREET ADDRESS	4223 ARROW AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, PAUL		NAME		
STREET ADDRESS	4265 ARROW COURT		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP		
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, without other like empowered.					
SIGNATURE: <i>Paul Gallagher</i>		Paul Gallagher, Treas. <i>04/02/07 941.400.2816</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			