

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751744

FILED
Mar 10, 2009
Secretary of State

Entity Name: NOTTINGHAM HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2848 PROCTOR RD
2828 PROCTOR RD
SARASOTA, FL 34231 US

New Principal Place of Business:

2848 PROCTOR RD
SARASOTA, FL 34231 US

Current Mailing Address:

2848 PROCTOR RD
2828 PROCTOR RD
SARASOTA, FL 34231 US

New Mailing Address:

2848 PROCTOR ROAD
SARASOTA, FL 34231 US

FEI Number: 59-2499924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER MANAGEMENT SERVICES INC
2848 PROCTOR RD
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: ANDREWS, CHAPLEY
Address: 4142 ARROW AVE
City-St-Zip: SARASOTA, FL 34232

Title: SD () Delete
Name: MARPERO, CINDY
Address: 4349 ARROW AVE
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: HEMMERICH, JACKIE
Address: 4280 KING RICHARD LN
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: THOMSON, MARK
Address: 4367 ARROW AVE
City-St-Zip: SARASOTA, FL 34232

Title: PD () Delete
Name: DELAPENHA, DON
Address: 4223 ARROW AVENUE
City-St-Zip: SARASOTA, FL 34232

Title: TD () Delete
Name: GALLAGHER, PAUL
Address: 4265 ARROW COURT
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: ANDREWS, CHARLEY
Address: 4142 ARROW AVE
City-St-Zip: SARASOTA, FL 34232

Title: SD (X) Change () Addition
Name: THOMPSON, MARK
Address: 4367 ARROW AVE
City-St-Zip: SARASOTA, FL 34232

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BOLANOS, BELKIS
Address: 4346 ARROW AVE
City-St-Zip: SARASOTA, FL 34232

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL GALLAGHER

TREA

03/10/2009

Electronic Signature of Signing Officer or Director

Date