

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90253 033 ****61.25

DOCUMENT # N01000005962

1. Entity Name

NOTTINGHAM ESTATES OF LEGENDS ASSOCIATION, INC.



Principal Place of Business

10471 SIX MILE CYPRESS PKWY, STE 2
FORT MYERS FL 33912

Mailing Address

10471 SIX MILE CYPRESS PKWY, STE 2
FORT MYERS FL 33912

2. Principal Place of Business

12734 Kenwood Ln.

3. Mailing Address

12734 Kenwood Ln.

Suite, Apt. #, etc.

Suite 49

Suite, Apt. #, etc.

Suite 49

City & State

Ft. Myer, FL

City & State

Ft. Myer, FL

Zip

33907

Country

Zip

33907

Country

4. FEI Number

65-1138444

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHIELDS, CHRISTOPHER J
1833 HENDRY STREET
FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name *Tropical Toker Management*

Street Address (P.O. Box Number is Not Acceptable)

12734 Kenwood Ln., Suite 49

City Ft. Myer

FL

Zip Code 33907

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DEBITETTO, JOHN ☐ Delete
STREET ADDRESS 10471 SIX MILE CYPRESS PKWY, STE 2
CITY-ST-ZIP FORT MYERS FL 33912

TITLE STD
NAME KNOWLES, KIRK ☐ Delete
STREET ADDRESS 10471 SIX MILE CYPRESS PKWY, STE 2
CITY-ST-ZIP FORT MYERS FL 33912

TITLE VD
NAME LEFTWICH, STEVEN ☐ Delete
STREET ADDRESS 10471 SIX MILE CYPRESS PKWY, STE 2
CITY-ST-ZIP FORT MYERS FL 33912

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

D. Debitetto *D. Redding* 4/29/04 (235) 939-2599