

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

05-18-2005 90025 021 ****61.25

DOCUMENT # N01000005962																																																																																																																													
1. Entity Name NOTTINGHAM ESTATES OF LEGENDS ASSOCIATION, INC.																																																																																																																													
Principal Place of Business 12734 KENWOOD LANE, STE 49 FORT MYERS, FL 33907			Mailing Address 12734 KENWOOD LANE, STE 49 FORT MYERS, FL 33907																																																																																																																										
2. Principal Place of Business		3. Mailing Address																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State		City & State																																																																																																																											
Zip	Country	Zip	Country	05112005 Chg-NP CR2E037 (10/03)																																																																																																																									
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			7. Name and Address of New Registered Agent																																																																																																																										
TROPICAL ISLES MANANGEMENT 12734 KENWOOD LANE, STE 49 FORT MYERS, FL 33907			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.																																																																																																																													
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																																																																																									
Make check payable to Florida Department of State																																																																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. 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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: <u>Don Roedding</u> Date: <u>5/1/05</u> Daytime Phone #: <u>(235) 535-2995</u>																																																																																																																													