. 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

| DOCUMENT # N0100005962 1. Entity Name NOTTINGHAM ESTATES OF LEGENDS ASSOCIATION, INC. | | | | | | | 05-18-2005 90025 021 ****61.25 | | | | | |
|---|---|---|--|---|--|--|---|------------------------------------|--|--|------------------------------|--|
| Principal Place of Business 12734 KENWOOD LANE, STE 49 FORT MYERS, FL 33907 | | | Mailing Address 12734 KENWOOD LANE, STE 49 FORT MYERS, FL 33907 | | | | i namina sil | | Ba(() 48()) 47(8) | 10110 10110 10110 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 05112005 | Chg-NP | CR2E | 037 (10/03) | | |
| City & Sta | City & State | | City & State | | | | 4. FEI Number 65-1138 | | | ⊢- | Applied For | |
| Zip | | Country | Zip | | Country | | 5. Certificate of | of Status Desired | - <u>-</u> | \$8.75 Ac | dditional | |
| | 6. Name | and Address of Current Re | egistered Agent | | T | | 7. Name and | Address of New | v Registered | Agent | | |
| TO O DIO 4 | | | | | Name | | · | | | -> - | | |
| 12734 KE | | ANANGEMENT ANE, STE 49 33907 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| T OICE III. | C. (G. , E.) | 14007 | | | City | | | | | Zip Co | de | |
| | | | | | J, | | | | F | _ 2.000 | Oe | |
| | | submits this statement for t | he purpose of cha | inging its regist | tered office o | or registere | ed agent, or both | , in the State of | Florida, I am | familiar with | n, and accept | |
| • | | ered agent. | | | | | | | | | | |
| the obliga | | ered agent. or printed name of registered agent and | d title il applicable. | (NOTE: Regist | dered Agent signa | utuna required w | when reinstating) | | DATE | | | |
| SIGNATURE | Signature, typed | | 9. Elec | (NOTE: Regist ction Campaign st Fund Contrib | n Financing | | when reinstating) \$5.00 May Be Added to Fees | FI | | k payable rtment of S | | |
| SIGNATURE | Signature, typed | or printed name of registered agent and | 9. Elec Tru: | ction Campaign st Fund Contrib | n Financing | [] A | \$5.00 May Be | FI. | Make chec orida Depa | rtment of S | State | |
| SIGNATURE | Signature, typed Filing Februe by Sep | or printed name of registered agent and e is \$61.25 tember 7, 2005 OFFICERS AND DIRE | 9. Elec Tru: | ction Campaign st Fund Contrib | n Financing oution. | II , | \$5.00 May Be Added to Fees DDITIONS/CHA | FI. | Make chec orida Depa | rtment of S | State | |
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thereby 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 practice 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

7895-167 (763)