2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 07, 2007
Secretary of State

DOCUMENT# N05000006776

Entity Name: NOTTINGHAM HOMEOWNERS ASSOCIATION AT LEGENDS, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

101 SOUTHHALL LANE
SUITE 200
MAITLAND, FL 32751 US

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

101 SOUTHHALL LANE
SUITE 200
MAITLAND, FL 32751 US

FEI Number: 20-5177057 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 S. SR 434, STE. 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

HACKER, BING
101 SOUTHHALL LANE
SUITE 200
MAITLAND, FL 32751 US

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: BING HACKER 05/07/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STAFFA, DAVE
Address: 1635 E HWY 50 STE 200
City-St-Zip: CLERMONT, FL 34711

Title: VPTD ( ) Delete
Name: WILLIAMS, TRACY
Address: 1635 E HWY 50 STE 200
City-St-Zip: CLERMONT, FL 34711

Title: SD ( ) Delete
Name: BOODY, DAN
Address: 1635 E HWY 50 STE 200
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WILLIAMS, TRACY
Address: 1635 E HWY 50 STE 200
City-St-Zip: CLERMONT, FL 34711

Title: VP (X) Change ( ) Addition
Name: STAFFA, DAVE
Address: 1635 E HWY 50 STE 200
City-St-Zip: CLERMONT, FL 34711

Title: STD (X) Change ( ) Addition
Name: BOODY, DAN
Address: 1635 E HWY 50 STE 200
City-St-Zip: CLERMONT, FL 34711

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: TRACY WILLIAMS P 05/07/2007
Electronic Signature of Signing Officer or Director Date