

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006776

FILED  
Mar 31, 2008  
Secretary of State

Entity Name: NOTTINGHAM HOMEOWNERS ASSOCIATION AT LEGENDS, INC.

## Current Principal Place of Business:

101 SOUTHHALL LANE  
SUITE 200  
MAITLAND, FL 32751 US

## New Principal Place of Business:

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32779 US

## Current Mailing Address:

101 SOUTHHALL LANE  
SUITE 200  
MAITLAND, FL 32751 US

## New Mailing Address:

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32779 US

FEI Number: 20-5177057

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 32779 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: JAMES W HART JR

03/31/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

Title: STD ( ) 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: 101 SOUTHHALL LN STE 200  
City-St-Zip: MAITLAND, FL 32751

Title: VPD (X) Change ( ) Addition  
Name: HOWARD, JASON  
Address: 101 SOUTHHALL LN STE 200  
City-St-Zip: MAITLAND, FL 32751

Title: STD (X) Change ( ) Addition  
Name: ARCHIBALD, KEVIN  
Address: 101 SOUTHHALL LN STE 200  
City-St-Zip: MAITLAND, FL 32751

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

PD

03/31/2008

Electronic Signature of Signing Officer or Director

Date