

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006776

FILED
Mar 26, 2009
Secretary of State

Entity Name: NOTTINGHAM HOMEOWNERS ASSOCIATION AT LEGENDS, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

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
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, TRACY
Address: 101 SOUTHHALL LN STE 200
City-St-Zip: MAITLAND, FL 32751

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOCASCIO, MARY JO
Address: 101 SOUTHHALL LN STE 200
City-St-Zip: MAITLAND, FL 32751

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

Title: TSD (X) Change () Addition
Name: ROADMAN, JAMES
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: MARY JO LOCASCIO

PD

03/26/2009

Electronic Signature of Signing Officer or Director

Date