

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21837

FILED
Mar 10, 2006
Secretary of State

Entity Name: THE MANORS OF NOTTINGHAM OWNERS ASSN., INC.

Current Principal Place of Business:

15332 SHERWOOD FOREST DR.
TAMPA,, FL 33647 US

New Principal Place of Business:

Current Mailing Address:

VANGUARD MANAGEMENT
9300 N 16TH ST
TAMPA, FL 33612 US

New Mailing Address:

FEI Number: 59-2930774 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MCGREGOR, PETER
15332 SHERWOOD FOREST DR.
TAMPA, FL 33647 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: T () Delete
Name: MCGREGOR, PETER
Address: 15332 SHERWOOD FOREST DR.
City-St-Zip: TAMPA, FL 33647

Title: VPD () Delete
Name: PORRICOLO, JOHN
Address: 15342 SHERWOOD FOREST DRIVE
City-St-Zip: TAMPA, FL 33647

Title: P () Delete
Name: DAVIS, CHRIS
Address: 5202 LITTLE JOHN CT.
City-St-Zip: TAMPA, FL 33647

Title: SD () Delete
Name: FOGEL, SONDRA
Address: 15312 SHERWOOD FOREST DRIVE
City-St-Zip: TAMPA, FL 33677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PETER MCGREGOR

AGEN

03/10/2006

Electronic Signature of Signing Officer or Director

Date