

2007 NON-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N24051

1. Entity Name

NOTTINGHAM HOMEOWNERS' ASSOCIATION OF POLK
COUNTY, INC.



FILED
Jan 22, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

P. O. BOX 90362
LAKELAND FL 33804

P. O. BOX 90362
LAKELAND FL 33804



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE CR2E037 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERITAGE, GEORGE L
1616 ARCHERS PATH
LAKELAND FL 33809

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

George L Heritage

(NOTE: Registered Agent signature required when registering)

Jan 20, 2007

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PELLEGRINO, AL	
STREET ADDRESS	8303 MAID MARIEN'S TRAIL	
CITY- ST- ZIP	LAKELAND FL 33809	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HERITAGE, GEORGE	
STREET ADDRESS	1616 ARCHERS PATH	
CITY- ST- ZIP	LAKELAND FL 33809	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PELLEGRINO, BARBARA	
STREET ADDRESS	8304 MAID MARIEN'S TRAIL	
CITY- ST- ZIP	LAKELAND FL 33809	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PAYNE, LUCIAN	
STREET ADDRESS	1542 BOWMAN'S TRAIL	
CITY- ST- ZIP	LAKELAND FL 33809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000596421	
STREET ADDRESS	01/23/07-80078-025 61.25	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 execute 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:

George L Heritage *George L Heritage* *1/20/07* *863-815-6044*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #