

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90017 025 ****61.25

DOCUMENT # N24051 1. Entity Name NOTTINGHAM HOMEOWNERS' ASSOCIATION OF POLK COUNTY, INC.					
Principal Place of Business P. O. BOX 90362 LAKELAND FL 33804		Mailing Address P. O. BOX 90362 LAKELAND FL 33804			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
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 HERITAGE, GEORGE L 1616 ARCHERS PATH LAKELAND FL 33809				7. Name and Address of New Registered Agent 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 <u>George Heritage</u> Signature, type or printed name of registered agent and title (if applicable).		<u>George Heritage</u> (NOTE: Registered Agent signature required when changing)		<u>March 8, 2008</u> DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PELLEGRINO, AL 8303 MAID MARIEN'S TRAIL LAKELAND FL 33809	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Douglas Talley 1648 Bowman's Trail Lakeland, FL 33809
☒ Change ☒ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERITAGE, GEORGE 1616 ARCHERS PATH LAKELAND FL 33809	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Maria Caldarone 8312 Maid Marion's Trail Lakeland, FL 33809
☐ Change ☒ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PELLEGRINO, BARBARA 8304 MAID MARIEN'S TRAIL LAKELAND FL 33809	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Debra Gill 8436 Maid Marion's Trail Lakeland, FL 33809
☐ Change ☒ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAYNE, LUCIAN 1542 BOWMAN'S TRAIL LAKELAND FL 33809	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____
☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____
☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____
☐ Change ☐ Addition					

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 Heritage George Heritage 3/8/08 863-815-9044