2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N24051

Entity Name: NOTTINGHAM HOMEOWNERS' ASSOCIATION OF POLK COUNTY, INC.

Current Principal Place of Business:

P. O. BOX 90362
LAKELAND, FL 33804

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 90362
LAKELAND, FL 33804

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERITAGE, GEORGE L
1616 ARCHERS PATH
LAKELAND, FL 33809 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: TALLEY, DOUGLAS
Address: 1643 DOWMARS TRAIL
City-St-Zip: LAKELAND, FL 33809

Title: TD ( ) Delete
Name: HERITAGE, GEORGE
Address: 1616 ARCHERS PATH
City-St-Zip: LAKELAND, FL 33809

Title: SD ( ) Delete
Name: CALDARONE, MARIA
Address: 8312 MAID MARIONS TRAIL
City-St-Zip: LAKELAND, FL 33809

Title: VD ( ) Delete
Name: GILL, DEBRA
Address: 8436 MAID MARIONS TRAIL
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: TALLEY, DOUGLAS D
Address: 1643 BOWMANS TRAIL
City-St-Zip: LAKELAND, FL 33809

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 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: DOUGLAS D TALLEY PD 03/24/2009
Electronic Signature of Signing Officer or Director — Date