

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N39864 (6)

1. Corporation Name

MANORS OF NOTTINGHAM HOMEOWNERS' ASSOCIATION OF  
POLK COUNTY, INC.



Principal Place of Business

310 EAST MEMORIAL BOULEVARD  
LAKELAND FL 33801

Mailing Address

310 EAST MEMORIAL BOULEVARD  
LAKELAND FL 33801

3. Date Incorporated or Qualified  
09/06/1990

3a. Date of Last Report  
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3054506

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARNOCK, ROBERT E.  
310 E. MEMORIAL BLVD.  
LAKELAND FL 33801

81 Name

CARL C. WARNOCK, SR.

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

310 E. MEMORIAL BLVD.

83

84 City

LAKELAND,

FL

85

Zip Code  
33801

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE CARL C. WARNOCK, SR.

PD

*Carl C. Warnock*

2-22-96

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD  
WARNOCK, CARL C., SR.  
STREET ADDRESS 1408 W. PARKER DR  
CITY-ST-ZIP LAKELAND FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME VD  
WARNOCK, CARL C., JR.  
STREET ADDRESS 4115 ROLLING OAK DR  
CITY-ST-ZIP LAKELAND FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME SD  
WARNOCK, ROBERT E.  
STREET ADDRESS 117 HEATHER POINT DR  
CITY-ST-ZIP LAKELAND FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME TD  
WARNOCK, GARY A.  
STREET ADDRESS 9211 BRYANT ROAD  
CITY-ST-ZIP LAKELAND FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Carl C. Warnock*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL C. WARNOCK, SR. 941-682-2111

Date

Daytime Phone #

CR2E037 (12/95)