FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39864

(6)

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

						i IABI
Principal Place of Business Mailing Address					a semiren and stille ifent immit meldt filmts undie biber ateit affit	. (88)
310 EAST MEMORIAL BOULEVARD LAKELAND FL 33801		310 EAST MEMORIAL BOULEVARD LAKELAND FL 33801-1767				
					3. Date Incorporated or Qualified 09/06/1990 3a. Date of Last Report 03/07/1996	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied F 59-3054506 Not Appli	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			SR 75 Addition	
22		27			5. Certificate of Status Desired Fee Required	
City & State		City & State		· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for intangible tax under s. 199.0	32,
24	25	29	30		Florida Statutes Yes No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent	
				81 Name	•	
WARNO	CK, SR. CARL C.		82 Street Ad		ddress (P.O. Box Number is Not Acceptable)	
310 E. MEMEORIAL BLVD			0.1361.74			
· LAKELAN	ID FL 33801			83		<u></u>
			}	84 City	85 Zip Code	
					FL T	
office or r agent La	to the provisions of Sections 617.050; egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 617.1508, Florida Statute of Florida. Such change was a ations of, Section 617.0503, Flo	es, the at authorized orida Stati	ove-named corp by the corporat utes.	coration submits this statement for the purpose of changing its regis- tion's board of directors. I hereby accept the appointment as registe	stered ered
SIGNATURE						
40	Signature, typod or printed name of registered age:			Agent eignature requir		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 T)T	··· 1	L_I Change L_I A	ddition
NAME	WARNOCK, CARL C., SR.		1.2 NA			
STREET ADDRESS	1408 W. PARKER DR		13 ST	REET ADDRESS		
CITY-ST-ZIP	LAKELAND FL			Y-ST-ZIP		
1ıTL€	VD	☐ DELETE	21 TIT		☐ Change ☐ A	d dition
NAME	WARNOCK, CARL C., JR.		22 NA	ME		
STREET ADDRESS	4115 ROLLING OAK DR		23 ST	REET ADDRESS		
CITY-ST-ZiP	LAKELAND FL		2 4 CI	TY-ST-ZIP		
1:TLE	S D	☐ DELETE	3.1 TIT	LE	☐ Change ☐ Ad	Addition
NAME	Warnock, Robert E.		3.2 NA	ME		
STREET ADDRESS	117 HEATHER POINT DR		3.3 ST	REET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		3.4. CI	TY-ST-ZIP		
TITLE	TD	DELETE	4.1 TIT	LE	Change A	ddition
NAME	WARNOCK, GARY A.		4, 2 NA	ME		
STREET ADORESS	9211 BRYANT ROAD		4.3 ST	REET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		4.4 011	Y-ST-ZIP		
TITLE		☐ DELETE	5.1 TIT		☐ Change ☐ Ac	ddition
NAME			5.2 NA	1		
STREET ADDRESS			1	EET ADDRESS	•	
CiTY-ST-ZIP			1	Y-ST-ZIP		
TITLE		☐ DELETE	6.1 TIT		☐ Change ☐ Ac	ddition
NAME			6.2 NA		المراضية المراك المساوي	,,,,
STREET ADDRESS						
				REET ADDRESS		
DITY-ST-ZIP			64 C/7	Y-ST-710		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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



4/2/07 941-682-21

FILED

May 19 1997 8:00am

Secretary of State