

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90087 012 ****61.25

DOCUMENT # N39864

Entity Name

MANORS OF NOTTINGHAM HOMEOWNERS' ASSOCIATION OF

Principal Place of Business

EAST MEMORIAL BOULEVARD
FL 33801

Mailing Address

310 EAST MEMORIAL BOULEVARD
LAKELAND FL 33801-1767

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3054506

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

33809

WARNOCK, SR. CARL C.
310 E. MEMORIAL BLVD
LAKELAND FL 33801

William Vollmar

1753 DIAMOND WALK

Lakeland

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: William Vollmar

President of Association

4-21-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARNOCK, CARL C., SR.		NAME	Vollmar, William	
STREET ADDRESS	1408 W. PARKER DR		STREET ADDRESS	1753 DIAMOND WALK	
CITY-ST-ZIP	LAKELAND FL		CITY-ST-ZIP	Lakeland, FL 33809	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	V. President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARNOCK, CARL C., JR.		NAME	Griffin, Carol	
STREET ADDRESS	4115 ROLLING OAK DR		STREET ADDRESS	P.O. Box 92206	
CITY-ST-ZIP	LAKELAND FL		CITY-ST-ZIP	Lakeland, FL 33804	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARNOCK, DONNA		NAME	Jones, Allison	
STREET ADDRESS	4117 ROLLING OAK DRIVE		STREET ADDRESS	1048 GARDENWELL TRAIL	
CITY-ST-ZIP	LAKELAND FL 33809		CITY-ST-ZIP	Lakeland, FL 33809	
TITLE		<input type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	DAVIS, EVELYN	
STREET ADDRESS			STREET ADDRESS	1535 KINGMAN WAY	
CITY-ST-ZIP			CITY-ST-ZIP	Lakeland, FL 33809	
TITLE		<input type="checkbox"/> Delete	TITLE	Compliance Control	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	BIVENS, Anthony	
STREET ADDRESS			STREET ADDRESS	1094 KINGMAN WAY	
CITY-ST-ZIP			CITY-ST-ZIP	Lakeland, FL 33809	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I 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 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)