

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N39864**

1. Entity Name

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

Principal Place of Business

**1501 KINSMAN WAY
LAKELAND FL 33809**

Mailing Address

**PO BOX 91474
LAKELAND FL 33804**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

**VOLLMAR, WILLIAM
1753 DIAMOND WALK
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.

SIGNATURE

ire, type, or printed name of

Not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	VOLLMAR, WILLIAM	
STREET ADDRESS	1753 DIAMOND WALK	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GRIFFIN, CAROL	
STREET ADDRESS	P.O. BOX 92206	
CITY-ST-ZIP	LAKELAND FL 33804	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JONES, ALLISON	
STREET ADDRESS	1648 GAMEWELL TRAIL	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DAVIS, EVELYN	
STREET ADDRESS	1535 KINGSMAN WAY	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	CCD	<input type="checkbox"/> Delete
NAME	BIVENS, ANTHONY	
STREET ADDRESS	1694 KINGSMAN WAY	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90046 047 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)