2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2006
Secretary of State

DOCUMENT# N93000000045

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

Current Principal Place of Business:

1501 KINGMAN WAY
LAKELAND, FL 33809

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 92182
LAKELAND, FL 33804

New Mailing Address:

FEI Number: 59-3227018 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MANCUSO, PETER SR
1754 DIAMOND WALK
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: P ( ) Delete
Name: MANCUSO, PETER SR
Address: 1754 DIAMOND WALK
City-St-Zip: LAKELAND, FL 33809

Title: V ( ) Delete
Name: KING, KEVIN C
Address: 1563 KINGMAN
City-St-Zip: LAKELAND, FL 33809

Title: S ( ) Delete
Name: MICHALGRI, RANDY
Address: 1624 KINGMAN WAY
City-St-Zip: LAKELAND, FL 33809

Title: T ( ) Delete
Name: WILLIAMS, RUBY
Address: 1815 KINGMAN WAY
City-St-Zip: LAKELAND, FL 33809

Title: GOD ( ) Delete
Name: WEGNER, JIL
Address: 8211 RANGERS PATH
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: PETER MANCUSO SR RA 08/22/2006

Electronic Signature of Signing Officer or Director — Date