2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9300000045

Jan 13, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 8227 RANGERS PATH LAKELAND, FL 33809 **Current Mailing Address: New Mailing Address:** P.O. BOX 92182 LAKELAND, FL 33804 FEI Number: 59-3227018 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MITCHELL, LAURIE 8227 RANGERS PATH LAKELAND, FL 33809 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MITCHELL, LAURIE Name: Name: 8227 RANGERS PATH Address: Address: City-St-Zip: LAKELAND, FL 33809 City-St-Zip: Title: () Delete Title: () Change () Addition DEAN, LES Name: Name: Address: 1728 KINSMAN WAY Address: City-St-Zip: LAKELAND, FL 33809 City-St-Zip: Title: () Delete Title: (X) Change () Addition TAYLOR, MATTHEW URBAN, DENISE Name: Name: Address: 1527 KINSMAN WAY Address: 1640 KINSMAN WAY City-St-Zip: LAKELAND, FL 33809 City-St-Zip: LAKELAND, FL 33809 Title: () Delete Title: (X) Change () Addition Name: BUSCH, GLENDA Name: BUSCH, GLENDA 1600 GOUNEWELL TRAIL 1600 GAMEWELL TRAIL Address: Address: City-St-Zip: LAKELAND, FL 33809 City-St-Zip: LAKELAND, FL 33809 Title: BOD () Delete Title: () Change () Addition POWELL, CHRISTOPHER B Name: Name: 1701 KINSMAN WAY Address: Address: City-St-Zip: LAKELAND, FL 33809 City-St-Zip: Title: () Delete Title: (X) Change () Addition ARGO, MICHAEL LESUE GLORIA Name: Name: Address: 1809 KINSMAN WAY Address: 8252 SHORT WAY LAKELAND, FL 33809 LAKELAND, FL 33809 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LAURIE MITCHELL P 01/13/2009