2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 25, 2009
Secretary of State

DOCUMENT# N94000002035

Entity Name: NOTTINGHAM HARBOUR OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PMB 182
13245 ATLANTIC BLVD
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

PMB 182
13245 ATLANTIC BLVD
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 59-3240497 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KOTELES, KENNETH
12605 CHAPELTOWN CIRCLE WEST
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

KOTELES, DEBORAH K
12605 CHAPELTOWN CIRCLE WEST
JACKSONVILLE, FL 32225 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: DEBORAH K. KOTELES 11/25/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: KOTELES, KENNETH J
Address: 12605 CHAPELTOWN CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32225

Title: VPD ( ) Delete
Name: MEIGS, JOHN M
Address: 12661 STAVELEY DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: PD ( ) Delete
Name: KOTELES, DEBORAH K
Address: 12605 CHAPELTOWN CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD ( ) Delete
Name: MEIGS, JANET C
Address: 12661 STAVELEY DRIVE SOTUH
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KOTELES, DEBORAH K
Address: 12605 CHAPELTOWN CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32225

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

Title: TD (X) Change ( ) Addition
Name: KOTELES, KENNETH J
Address: 12605 CHAPELTOWN CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32225

Title: ( ) Change ( ) Addition
Name:
Address:
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: DEBORAH K. KOTELES PD 11/25/2009
Electronic Signature of Signing Officer or Director Date