

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006776

Entity Name: NOTTINGHAM HOMEOWNERS ASSOCIATION AT LEGENDS, INC.**FILED**
Apr 19, 2023
Secretary of State
7022126575CC**Current Principal Place of Business:**2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779**Current Mailing Address:**2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779 US**FEI Number: 20-5177057****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SENTRY MANAGEMENT INC
2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779 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: BRADLEY POMP****04/19/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT, DIRECTOR
Name RISEN, CARL
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779**Title** VP, DIRECTOR
Name COHEN, SCOTT
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779**Title** TREASURER, DIRECTOR
Name MCCLOSKEY, JOE
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779**Title** DIRECTOR
Name CARDOZO, REGINALD
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779**Title** DIRECTOR
Name JOSEPH, JACQUELINE
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779

I hereby 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 all other like empowered.

SIGNATURE: CARL RISEN**PRESIDENT****04/19/2023**

Electronic Signature of Signing Officer/Director Detail

Date