


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90034 043 \*\*\*\*61.25

**DOCUMENT # N06000003691**

1. Entity Name  
**PUTNAM LAND CONSERVANCY, INC.**



Principal Place of Business  
**501 ATLANTIC AVE.  
 INTERLACHEN, FL 32148**

Mailing Address  
**P. O. BOX 92  
 INTERLACHEN, FL 32148**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

04302008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**01-0861643**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KEYSER, TIMOTHY  
 211 POINT IDA CT.  
 INTERLACHEN, FL 32148**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	CLAY, TOMMY JR	
STREET ADDRESS	PO BOX 144	
CITY-ST-ZIP	GRANDIN, FL 32138	
TITLE	V	<input type="checkbox"/> Delete
NAME	BROWN, CLAUDE	
STREET ADDRESS	133 BAHIA TOP DRIVE	
CITY-ST-ZIP	MELROSE, FL 32666	
TITLE	T	<input type="checkbox"/> Delete
NAME	THE LOSEN, WILLY	
STREET ADDRESS	129 E. COWPEN LAKE POINT RIAD	
CITY-ST-ZIP	HAWTHORNE, FL 32640	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DOUGLASS, LAURIE	
STREET ADDRESS	181 E. COWPEN LAKE POINT RD.	
CITY-ST-ZIP	HAWTHORNE, FL 32640	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DURSCHEK, KEVIN	
STREET ADDRESS	230 KIRBY LANE	
CITY-ST-ZIP	MELROSE, FL 32666	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEYSER, TIMOTHY	
STREET ADDRESS	211 POINT IDA COURT	
CITY-ST-ZIP	INTERLACHEN, FL 32148	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Virnstein, Bob	
STREET ADDRESS	142 Elgin Road	
CITY-ST-ZIP	East Palatka, FL 32131	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	The Losen, Willy	
STREET ADDRESS	129 E. Cowpen Lake Point Road	
CITY-ST-ZIP	Hawthorne, FL 32640	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Parker, Catherine Nevil	
STREET ADDRESS	138 Lake Winnott	
CITY-ST-ZIP	Hawthorne, FL 32640	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stallings, Mike	
STREET ADDRESS	188 Little Orange Lake Drive	
CITY-ST-ZIP	Hawthorne, FL 32640	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **5/8/08 386.684.4673**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #