2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07669

FILED Jan 16, 2009 Secretary of State

Entity Name: LUNA MANOR PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1333 MANOR HOUSE DRIVE 1625 METROPOLITAN CIRCLE TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32308

Current Mailing Address: New Mailing Address:

6753 THOMASVILLE RD 1625 METROPOLITAN CIRCLE PMB 130 TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32312 US

FEI Number: 59-2529508 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:

ALLEN, JIM RICHARDSON, SHARON C
1333 MANOR HOUSE DRIVE 1625 METROPOLITAN CIRCLE
TALLAHASSEE, FL 32312 US TALLAHASSEE, FL 32308 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: SHARON C. RICHARDSON 01/16/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: P (X) Change () Addition

 Name:
 ALLEN, JIM
 Name:
 DWINELL, STEVEN

 Address:
 1333 MANOR HOUSE DR
 Address:
 1441 COVEY RIDE W

 City-St-Zip:
 TALLAHASSEE, FL 32312
 City-St-Zip:
 TALLAHASSEE, FL 32312

Title: D () Delete Title: T (X) Change () Addition Name: HOOVER, JOHN Name: GAUDINO, JOE

 Address:
 1425 W. COVEY RIDE
 Address:
 1382 MANOR HOUSE DRIVE

 City-St-Zip:
 TALLAHASSEE, FL 32312
 City-St-Zip:
 TALLAHASSEE, FL 32312

Title: P () Delete Title: S (X) Change () Addition

 Name:
 BASS, AL
 Name:
 NOBLE, JOE

 Address:
 1322 MANOR HOUSE DR.
 Address:
 10047 COVEY RIDE

 City-St-Zip:
 TALLAHASSEE, FL 32312
 City-St-Zip:
 TALLAHASSEE, FL 32312

Title: D () Delete Title: D (X) Change () Addition

Name:LAMBERT, JEFFName:BENNINGFIELD, DONNAAddress:1320 MANOR HOUSE DRAddress:1285 MANOR HOUSE DRIVECity-St-Zip:TALLAHASSEE, FL 32312City-St-Zip:TALLAHASSEE, FL 32312

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: STEVEN DWINELL P 01/16/2009