2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007820

FILED Jan 16, 2009 Secretary of State

Entity Name: OLD PLANK PLANTATION OWNERS ASSOCIATION, INC.

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

7400 BAYMEADOWS WAY SUITE 317 JACKSONVILLE, FL 32256

Current Mailing Address: New Mailing Address:

7400 BAYMEADOWS WAY SUITE 317 JACKSONVILLE, FL 32256

FEI Number: 13-4219400 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:

SCHAFER, SHERRILL COMMUNITY MANAGEMENT CONCEPTS 7400 BAYMEADOWS WAY, STE 317 JACKSONVILLE, FL 32256 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:

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

 Name:
 JONES, BOBBY J
 Name:
 HERBERT, MICHAEL M

 Address:
 11298 WESLEY LAKE DRIVE
 Address:
 11396 MARTINLAKES DRIVE N.

 City-St-Zip:
 JACKSONVILLE, FL 32220
 City-St-Zip:
 JACKSONVILLE, FL 32220

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

 Name:
 MARX, ALEX
 Name:
 SCHNORBUS, THOMAS

 Address:
 11316 MARTIN LAKES DR N
 Address:
 605 MARLA CREEK COURT

 City-St-Zip:
 JACKSONVILLE, FL 32220
 City-St-Zip:
 JACKSONVILLE, FL 32220

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

Name: SCHNORBUS, THOMAS Name: HESKE, FRANK C

Address: 605 MARLA CREEK COURT Address: 11404 MARTIN LAKES DRIVE N. City-St-Zip: JACKSONVILLE, FL 32220

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: SHERRILL SCHAFER MGR 01/16/2009