2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400000747

FILED Mar 19, 2008 Secretary of State

Entity Name: LONGLEAF PLANTATION OWNERS ASSOCIATION, INC.

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

920 THRID ST 3840 CROWN POINT ROAD

STE B SUITE A

NEPTUNE BCH, FL 32266 US JACKSONVILLE, FL 32257 US

Current Mailing Address: New Mailing Address:

920 THRID ST 3840 CROWN POINT ROAD

STE B SUITE A

NEPTUNE BCH, FL 32266 US JACKSONVILLE, FL 32257 US

FEI Number: 04-3794467 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:

WALLACE, L. DENISE
920 THIRD ST
920 THIRD ST
920 THIRD STREET

STE B SUITE B
NEPTUNE BCH, FL 32266 US NEPTUNE BEACH, FL 32266 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: 03/19/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition Name: KNOWLES, MARK A Name: KNOWLES, MARK A

Address: 3840 CROWN PT RD STE A

City-St-Zip: JACKSONVILLE, FL 32257 US

Address: 3840 CROWN POINT ROAD, SUITE A

City-St-Zip: JACKSONVILLE, FL 32257 US

Title: DV () Delete Title: DV (X) Change () Addition Name: HOLLAND, BEVERLY J Name: HOLLAND, BEVERLY J

Address: 3840 CROWN PT RD STE A Address: 3840 CROWN POINT ROAD, SUITE A
City-St-Zip: JACKSONVILLE, FL 32257 US City-St-Zip: JACKSONVILLE, FL 32257 US

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

 Name:
 WALLACE, L. DENISE
 Name:
 HART, CURTIS L

 Address:
 920 THRID ST STE B
 Address:
 3840 CROWN POINT ROAD, SUITE A

 City-St-Zip:
 NEPTUNE BCH, FL 32266 US
 City-St-Zip:
 JACKSONVILLE, FL 32257 US

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: MARK KNOWLES P 03/19/2008