

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000747

FILED  
Feb 06, 2009  
Secretary of State

**Entity Name:** LONGLEAF PLANTATION OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3840 CROWN POINT ROAD  
SUITE A  
JACKSONVILLE, FL 32257 US

**New Principal Place of Business:**

**Current Mailing Address:**

3840 CROWN POINT ROAD  
SUITE A  
JACKSONVILLE, FL 32257 US

**New Mailing Address:**

**FEI Number:** 04-3794467

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALLACE, L. DENISE  
920 THIRD STREET  
SUITE B  
NEPTUNE BEACH, FL 32266 US

**Name and Address of New Registered Agent:**

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:**

Title: DP ( ) Delete  
Name: KNOWLES, MARK A  
Address: 3840 CROWN POINT ROAD, SUITE A  
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: DV ( ) Delete  
Name: HOLLAND, BEVERLY J  
Address: 3840 CROWN POINT ROAD, SUITE A  
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: DST ( ) Delete  
Name: HART, CURTIS L  
Address: 3840 CROWN POINT ROAD, SUITE A  
City-St-Zip: JACKSONVILLE, FL 32257 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

02/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date