2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 13, 2008 8:00 am Secretary of State DOCUMENT # N04000001564 1. Entity Name 05-13-2008 90015 003 ****61.25 LONGLEAF RANCH HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address ONE SAN JOSE PLACE ONE SAN JOSE PLACE SUITE 7 SUITE 7 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 20-0734635 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUNGEY, MARY L Street Address (P.O. Box Number is Not Acceptable) ONE SAN JOSE PLACE SUITE 7 JACKSONVILLE FL 32257 City Zip Code FL 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tills if applicable, (NOTE: Registered Agent signable required when reinstating) CATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State : * ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition DITTE ☐ Delete TITLE DUNGEY, MARY L NAME NAME STREET ADDRESS 12844 BAY PLANTATION DRIVE STREET ADDRESS CITY - ST - ZIP JACKSONVILLE FL 32223 CITY-ST-ZIP VPD TITLE ☐ Delete TITLE Change Addition BRAREN, MICHAEL NAME NAME 3253 FIDDLERS HAMMOCK LANE STREET ADDRESS STREET ADORESS CHTY-ST-ZIP PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP ☐ Dalata ☐ Change - - ☐ Addition LARA, ANNE G NAME 10779 KNOTTINGBY DRIVE STREET ADDRESS STREET ADDRESS CHY-ST-ZIP JACKSONVILLE FL 32257 CITY-ST-ZIP TITLE Dalete TITLE ☐ Change nertibbA 🛣 TAYLOR C. DAY NAME ONE SAN JOSÉ PL. #7 STREET ADDRESS STREET ADDRESS FL. 32257 CITY-ST-ZIP CITY-ST-ZIP JACKSONUILLE, ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP THE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-7IP

M.L. DONGEN

FILED