2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001564

FILED Apr 14, 2009 Secretary of State

Entity Name: LONGLEAF RANCH HOMEOWNERS ASSOCIATION, INC.

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

ONE SAN JOSE PLACE SUITE 7

JACKSONVILLE, FL 32257

Current Mailing Address: New Mailing Address:

ONE SAN JOSE PLACE SUITE 7 JACKSONVILLE, FL 32257

FEI Number: 20-0734635 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:

DUNGEY, MARY L

AND SOME SAN LOSE

ONE SAN JOSE PLACE

ONE SAN JOSE PLACE

SUITE 7 SUITE 7

JACKSONVILLE, FL 32257 US JACKSONVILLE, FL 32257 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: ANNE G LARA 04/14/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 DUNGEY, MARY L
 Name:
 SMITH, VERNON H

 Address:
 12844 BAY PLANTATION DRIVE
 Address:
 2767 FOREST CIRCLE

 City-St-Zip:
 JACKSONVILLE, FL 32223
 City-St-Zip:
 JACKSONVILLE, FL 32257

Title: VPD () Delete Title: () Change () Addition

 Name:
 BRAREN, MICHAEL
 Name:

 Address:
 3253 FIDDLERS HAMMOCK LANE
 Address:

 City-St-Zip:
 PONTE VEDRA BEACH, FL 32082
 City-St-Zip:

 $\label{eq:title:Title:STD} \mbox{Title:} \mbox{STD} \mbox{ () Delete} \mbox{ Title:} \mbox{ST} \mbox{ (X) Change () Addition}$

Name: LARA, ANNE G Name: LARA, ANNE G

 Address:
 10779 KNOTTINGBY DRIVE
 Address:
 10779 KNOTTINGBY DRIVE

 City-St-Zip:
 JACKSONVILLE, FL 32257
 City-St-Zip:
 JACKSONVILLE, FL 32257

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

Name:DAY, TAYLOR CName:DAY, TAYLOR CAddress:ONE SAN JOSE PLACE, SUITE #7Address:1155 EUTAW PLACECity-St-Zip:JACKSONVILLE, FL 32257City-St-Zip:JACKSONVILLE, FL 32207

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: TAYLOR C DAY V 04/14/2009