2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2008
Secretary of State

DOCUMENT# N04000001849

Entity Name: LONGLEAF FOREST OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8038 LONGLEAF FOREST COURT
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

8038 LONGLEAF FOREST COURT
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 04-3785502 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROTHSTEIN, SETH L ESQ.
4417 BEACH BOULEVARD
SUITE 104
JACKSONVILLE, FL 32207 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:	PD	( ) Delete
Name:	STALVEY, PATRICIA A	
Address:	8038 LONGLEAF FOREST COURT	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	VTD	( ) Delete
Name:	LAKESHA, HOOKS	
Address:	8037 LONGLEAF FOREST COURT	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	SD	( ) Delete
Name:	PATSY, DAVIS-GODFREY	
Address:	3696 LONGLEAF FOREST LANE	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	TD	( ) Delete
Name:	PATSY, DAVIS-GODFREY	
Address:	3696 LONGLEAF FOREST LANE	
City-St-Zip:	JACKSONVILLE, FL 32210	

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:	
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: PATRICIA STALVEY PD 03/23/2008

Electronic Signature of Signing Officer or Director — Date