

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005967

FILED
Apr 15, 2009
Secretary of State

Entity Name: LONGLEAF FOREST NORTH OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2955 HARTLEY ROAD STE 108
JACKSONVILLE, FL 32257

New Principal Place of Business:

1914 RAISING HILL DRIVE
JACKSONVILLE, FL 32210

Current Mailing Address:

2955 HARTLEY ROAD STE 108
JACKSONVILLE, FL 32257

New Mailing Address:

P.O. BOX 37165
JACKSONVILLE, FL 32236

FEI Number: 71-0996600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATOVINA, GREGORY E
2955 HARTLEY ROAD STE 108
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

JONES, KARN L
1914 RAISING HILL DRIVE
JACKSONVILLE, FL 32210 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: KARN L JONES

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MATOVINA, GREGORY
Address: 2955 HARTLEY ROAD STE 108
City-St-Zip: JACKSONVILLE, FL 32257

Title: DVT () Delete
Name: CASSIS, MICHAEL A
Address: 2955 HARTLEY ROAD STE 108
City-St-Zip: JACKSONVILLE, FL 32257

Title: DS () Delete
Name: HUDSON, SHARON
Address: 2955 HARTLEY ROAD STE 108
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: JONES, JAMES
Address: 1914 RAISING HILL DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: DV (X) Change () Addition
Name: TURRENTINE, RAY J
Address: 1907 RAISING HILL DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: DST (X) Change () Addition
Name: JONES, KARN
Address: 1914 RAISING HILL DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

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: KARN L JONES

DST

04/15/2009

Electronic Signature of Signing Officer or Director

Date