2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N07000009422

Entity Name: LOPER POND PLANTATION PHASE I PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

126 SW SUMATRA AVE.
SUITE D
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

126 SW SUMATRA AVE.
SUITE D
MADISON, FL 32340

New Mailing Address:

FEI Number: 83-0511014 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLEBURN, PATRICIA F
126 SW SUMATRA AVE.
SUITE D
MADISON, FL 32340 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: WITMER, WILLIAM B
Address: POST OFFICE BOX 852
City-St-Zip: GREENVILLE, FL 32331

Title: VD ( ) Delete
Name: COLEBURN, JAMES M H
Address: 126 SW SUMATRA AVE. SUITE D
City-St-Zip: MADISON, FL 32340

Title: STD (X) Delete
Name: COLEBURN, PATRICIA F
Address: 126 SW SUMATRA AVE. SUITE D
City-St-Zip: MADISON, FL 32340

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: COLEBURN, JAMES H
Address: 126 SW SUMATRA AVENUE, STE D
City-St-Zip: MADISON, FL 32340

Title: VP (X) Change ( ) Addition
Name: COLEBURN, PATRICIA F
Address: 126 SW SUMATRA AVE. SUITE D
City-St-Zip: MADISON, FL 32340

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 F. COLEBURN VP 04/28/2008

Electronic Signature of Signing Officer or Director — Date