## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07668

FILED Jan 20, 2009 Secretary of State

Entity Name: LUNA PLANTATION PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 10873 LUNA POINT RD TALLAHASSEE, FL 32312 US **Current Mailing Address: New Mailing Address:** 10873 LUNA POINT RD TALLAHASSEE, FL 32312 US FEI Number: 59-2936749 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: LUCE, BRANDY 10873 LUNA POINT RD TALLAHASSEE, FL 32312 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GLASSNER, KEVIN Name: Name: 10028 COLLINS HOLE ROAD Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: PD Title: VD () Delete (X) Change ( ) Addition Name: KOENIG, BEN Name: KOENIG, BEN Address: 10898 LUNA POINT RD Address: 10898 LUNA POINT RD City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32312 Title: () Delete Title: PD (X) Change ( ) Addition HUTTON, BETSEY HUTTON, BETSY Name: Name: 10040 COLLINS HOLE ROAD Address: Address: 10040 COLLINS HOLE ROAD City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32312 Title: VD ( ) Delete Title: (X) Change ( ) Addition ROLLINS, STEWART Name: Name: HEIDI, ROECK-SIMMONS 10874 LUNA POINT RD 10046 COLLINS HOLE RD Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32312 Title: ( ) Delete Title: (X) Change ( ) Addition THORNTON-LUKE, DONNA FRYE, BOBBIE Name: Name: 10993 LUNA POINT RD. 10945 LUNA POINT RD. Address: Address: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32312 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: BETSY HUTTON PD 01/20/2009