2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N07669

Entity Name: LUNA MANOR PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1333 MANOR HOUSE DRIVE
TALLAHASSEE, FL 32312

New Principal Place of Business:

1625 METROPOLITAN CIRCLE
TALLAHASSEE, FL 32308

Current Mailing Address:

6753 THOMASVILLE RD
PMB 130
TALLAHASSEE, FL 32312 US

New Mailing Address:

1625 METROPOLITAN CIRCLE
TALLAHASSEE, FL 32308

FEI Number: 59-2529508 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, JIM
1333 MANOR HOUSE DRIVE
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

RICHARDSON, SHARON C
1625 METROPOLITAN CIRCLE
TALLAHASSEE, FL 32308 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: SHARON C. RICHARDSON 01/16/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ALLEN, JIM
Address: 1333 MANOR HOUSE DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: HOOVER, JOHN
Address: 1425 W. COVEY RIDE
City-St-Zip: TALLAHASSEE, FL 32312

Title: P ( ) Delete
Name: BASS, AL
Address: 1322 MANOR HOUSE DR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: LAMBERT, JEFF
Address: 1320 MANOR HOUSE DR
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DWINELL, STEVEN
Address: 1441 COVEY RIDE W
City-St-Zip: TALLAHASSEE, FL 32312

Title: T (X) Change ( ) Addition
Name: GAUDINO, JOE
Address: 1382 MANOR HOUSE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: S (X) Change ( ) Addition
Name: NOBLE, JOE
Address: 10047 COVEY RIDE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D (X) Change ( ) Addition
Name: BENNINGFIELD, DONNA
Address: 1285 MANOR HOUSE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

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: STEVEN DWINELL P 01/16/2009
Electronic Signature of Signing Officer or Director Date