2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2008
Secretary of State

DOCUMENT# N11147

Entity Name: APOPKA NURSERY PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

550 E. KEENE ROAD
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

21840 S.W. 258TH STREET
HOMESTEAD, FL 33031 US

New Mailing Address:

FEI Number: 59-2758073 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: MORRISON, MARK
Address: 21840 S.W. 258TH STREET
City-St-Zip: HOMESTEAD, FL 33031 US

Title: VPD ( ) Delete
Name: FIELDS, RON
Address: 550 E. KEENE ROAD
City-St-Zip: APOPKA, FL 32703 US

Title: STD ( ) Delete
Name: LEE, MICHELE G
Address: 21840 S.W. 258TH STREET
City-St-Zip: HOMESTEAD, FL 33031 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change ( ) Addition
Name: GEREK, JOSEPH M
Address: 4051 FUDGE ROAD
City-St-Zip: APOPKA, FL 32703 US

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: MARK MORRISON PD 07/08/2008

Electronic Signature of Signing Officer or Director — Date