

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 14, 2009
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 ()****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: GEREK, JOSEPH M
Address: 4051 FUDGE ROAD
City-St-Zip: APOPKA, FL 32703 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: HARTER, NANCY L
Address: 21840 SW 258 STREET
City-St-Zip: HOMESTEAD, FL 33156 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: NANCY L. HARTER

STD

09/14/2009

Electronic Signature of Signing Officer or Director

Date