

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Nov 27, 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:** HARTER, NANCY L  
**Address:** 21840 SW 258 STREET  
**City-St-Zip:** HOMESTEAD, FL 33156 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** VPD (X) Change ( ) Addition  
**Name:** NELSON, MARK  
**Address:** 3207 CLARCONA RD  
**City-St-Zip:** APOPKA, FL 32703 US**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: NANCY HARTER

STD

11/27/2009

Electronic Signature of Signing Officer or Director

Date