

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28135

FILED  
May 15, 2008  
Secretary of State

**Entity Name:** OLD FARM ROAD PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

980 OLD FARM ROAD  
TALLAHASSEE, FL 32317

**New Principal Place of Business:**

**Current Mailing Address:**

980 OLD FARM ROAD  
TALLAHASSEE, FL 32317

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

JOHNSON, KENNETH C  
980 OLD FARM RD  
TALLAHASSEE, FL 32317 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: JOHNSON, KENNETH  
Address: 980 OLD FARM RD  
City-St-Zip: TALLAHASSEE, FL 32317

Title: SD ( ) Delete  
Name: MERRIMAN, LYNN  
Address: 975 OLD FARM RD  
City-St-Zip: TALLAHASSEE, FL 32317

Title: VD ( ) Delete  
Name: LUNN, LANE  
Address: 983 OLD FARM ROAD  
City-St-Zip: TALLAHASSEE, FL 32317

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: KEN JOHNSON

PD

05/15/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date