

FILED  
Apr 11, 2006 8:00 am  
Secretary of State

04-11-2006 90101 049 \*\*\*\*61.25

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                    |                                                                                                                                  |                                                                                            |
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| <b>DOCUMENT # N31924</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                    |                                                 |                                                                                            |
| 1. Entity Name<br>RIVER ROAD PLANTATION ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |                                                                                                                                  |                                                                                            |
| Principal Place of Business<br>3065 NW 233RD ST<br>LAWTEY, FL 32058                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    | Mailing Address<br>P.O. BOX 493<br>LAWTEY, FL 32058 US                                                                           |                                                                                            |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    | 3. Mailing Address                                                                                                               |                                                                                            |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    | Suite, Apt. #, etc.                                                                                                              |                                                                                            |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                    | City & State                                                                                                                     |                                                                                            |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                            | Zip                                                                                                                              | Country                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                    | 03302006 Chg-NP CR2E037 (11/05)                                                                                                  |                                                                                            |
| 4. FEI Number<br>59-3021012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                    | Applied For<br>Not Applicable                                                                                                    |                                                                                            |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    | \$8.75 Additional<br>Fee Required                                                                                                |                                                                                            |
| 6. Name and Address of Current Registered Agent<br><br>SHIRLEY, JAMES W JR.<br>3065 NW 233RD ST.<br>LAWTEY, FL 32058                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                    | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                                            |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    |                                                                                                                                  |                                                                                            |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                    |                                                                                                                                  |                                                                                            |
| Filing Fee is \$61.25<br>Due by May 1, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                    | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees               |                                                                                            |
| Make check payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                                                                                                  |                                                                                            |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                            |                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P<br>SHIRLEY, JAMES W JR.<br>3065 NW 233RD ST.<br>LAWTEY, FL 32058 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S<br>KUNSELMAN, CAROLE A<br>3337 NW 233RD ST<br>LAWTEY, FL 32058 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | S<br>KUNSELMAN, CAROLE A <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T<br>JENKINS, PAUL<br>3381 NW 233 ST<br>LAWTEY, FL 32058 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other info empowered. |                                                                                                    |                                                                                                                                  |                                                                                            |
| SIGNATURE: <i>James W Shirley Jr</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                    | 04-04-06 (904) 782-3481                                                                                                          |                                                                                            |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                    | Date Daytime Phone #                                                                                                             |                                                                                            |