

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 02, 2007
Secretary of State**

DOCUMENT# N33487

Entity Name: OLD NURSERY PLANTATION OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 753
GLEN ST. MARY, FL 32040

New Principal Place of Business:

8429 PLANTATION ROAD
MACCLENNY, FL 32063 FL

Current Mailing Address:

P.O. BOX 753
GLEN ST. MARY, FL 32040

New Mailing Address:

FEI Number: 59-2961586 **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:

Name and Address of New Registered Agent:

MOODY, MIKE P
8429 PLANTATION ROAD
MACCLENNY, FL 32063 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V () Delete
Name: HILL, BEN
Address: 7776 RED TOP ROAD
City-St-Zip: MACCLENNY, FL 32063

Title: V (X) Change () Addition
Name: BROOKSHIRE, DAVID
Address: 7170 S. COUNTY ROAD 125
City-St-Zip: MACCLENNY, FL 32063

Title: S () Delete
Name: HARTLEY, TRACEY
Address: 7570 GLYNN ALLYN ROAD
City-St-Zip: MACCLENNY, FL 32063

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

Title: T () Delete
Name: WILLIAMS, TIM
Address: 7795 WINDER ROAD
City-St-Zip: MACCLENNY, FL 32063

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: TIM WILLIAMS

T

05/02/2007

Electronic Signature of Signing Officer or Director

_____ Date