

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2008  
Secretary of State**

DOCUMENT# N33487

Entity Name: OLD NURSERY PLANTATION OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8429 PLANTATION ROAD  
MACCLENNY, FL 32063 FL

**New Principal Place of Business:**

**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 ( )

**Name and Address of Current Registered Agent:**

MOODY, MIKE P  
8429 PLANTATION ROAD  
MACCLENNY, FL 32063 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: V      ( ) Delete  
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: T      ( ) Delete  
Name: WILLIAMS, TIM  
Address: 7795 WINDER ROAD  
City-St-Zip: MACCLENNY, FL 32063

**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: TIM WILLIAMS

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

T

04/29/2008

\_\_\_\_\_  
Date