

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33487

FILED
Apr 29, 2009
Secretary of State

Entity Name: OLD NURSERY PLANTATION OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8429 PLANTATION ROAD
MACCLENLY, 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
MACCLENLY, 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: MACCLENLY, FL 32063

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: HILL, BENJAMIN
Address: 7776 RED TOP ROAD
City-St-Zip: MACCLENLY, FL 32063

Title: T (X) Change () Addition
Name: LEIGHTON, KELLY
Address: 7079 SOUTHEAST COURT
City-St-Zip: MACCLENLY, FL 32063

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: KELLY LEIGHTON

T

04/29/2009

Electronic Signature of Signing Officer or Director

Date