

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33487

FILED
Apr 29, 2010
Secretary of State

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:

7170 SOUTH COUNTY ROAD 125
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BROOKSHIRE, DAVID P
7170 SOUTH COUNTY ROAD 125
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: DAVID BROOKSHIRE

04/29/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: BROOKSHIRE, DAVID
Address: 7170 S. COUNTY ROAD 125
City-St-Zip: MACCLENNY, FL 32063 US

Title: V
Name: HILL, BENJAMIN
Address: 7776 RED TOP ROAD
City-St-Zip: MACCLENNY, FL 32063 US

Title: T
Name: CARTER, STEPHANY T
Address: 8214 NESBITT ROAD
City-St-Zip: MACCLENNY, FL 32063 US

Title: S
Name: STEINMEYER, ROBIN S
Address: 8193 TRIPS WAY
City-St-Zip: MACCLENNY, FL 32063 US

I hereby 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 all other like empowered.

SIGNATURE: DAVID BROOKSHIRE

P

04/29/2010

Electronic Signature of Signing Officer or Director

Date