

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33487

FILED  
Mar 25, 2011  
Secretary of State

**Entity Name:** OLD NURSERY PLANTATION OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7170 SOUTH COUNTY ROAD 125  
MACCLENNY, FL 32063 FL

**New Principal Place of Business:**

7460 JUNIPER 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 ( )

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

BROOKSHIRE, DAVID P  
7170 SOUTH COUNTY ROAD 125  
MACCLENNY, FL 32063 US

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

PORTERFIELD, LARRY  
7460 JUNIPER 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: LARRY PORTERFIELD

03/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PORTERFIELD, LARRY  
Address: 7460 JUNIPER ROAD  
City-St-Zip: MACCLENNY, FL 32063 US

Title: V  
Name: BROCK, WALDO  
Address: 7735 OLD NURSERY 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: ROBIN STEINMEYER

S

03/25/2011

Electronic Signature of Signing Officer or Director

Date