

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N41105

1. Entity Name
**INTERSTATE FARMS PROPERTY OWNERS'
ASSOCIATION, INC.**



Principal Place of Business

**4127 NW 27TH LANE
STE. A
GAINESVILLE, FL 32606 US**

Mailing Address

**P.O. BOX 357845
GAINESVILLE, FL 32635 US**



01102007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3041185

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCDONALD, JANET L
4127 NE 27TH LANE
GAINESVILLE, FL 32606**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCDONALD, JANET L
STREET ADDRESS 4127 NW 27TH, STE. A
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE STD
NAME DAVIES, LISA
STREET ADDRESS 4127 NW 27TH LN STE A
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE VD
NAME LEE, DENNIS
STREET ADDRESS 4127 NW 27TH LANE, STE. A
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000607258
01/31/07-80030-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janet L. McDonald

1/18/07

352-334-1976

Date

Daytime Phone #