


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

**FILED**  
**Jan 23, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N41105</b> 1. Entity Name <b>INTERSTATE FARMS PROPERTY OWNERS' ASSOCIATION, INC.</b>	
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Principal Place of Business <b>4127 NW 27TH LANE STE. A GAINESVILLE, FL 32606 US</b>	Mailing Address <b>P.O. BOX 357845 GAINESVILLE, FL 32635 US</b>
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**DO NOT WRITE IN THIS SPACE**



01102008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3041185</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MCDONALD, JANET L 4127 NE 27TH LANE GAINESVILLE, FL 32606</b>
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCDONALD, JANET L 4127 NW 27TH, STE. A GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAVIES, LISA 4127 NW 27TH LN STE A GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEE, DENNIS 4127 NW 27TH LANE, STE. A GAINESVILLE, FL 32606
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01/23/08-80098-004 61.25

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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.

<b>SIGNATURE:</b> <u><i>Lisa Davies</i></u> <u>Lisa Davies</u> <u>1/21/08</u> <u>352-334-1976</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
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