

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41105

FILED  
Feb 03, 2009  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 357845  
GAINESVILLE, FL 32635 US

**New Mailing Address:**

**FEI Number:** 59-3041185

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCDONALD, JANET L  
4127 NE 27TH LANE  
GAINESVILLE, FL 32606 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: PD ( ) Delete  
Name: MCDONALD, JANET L  
Address: 4127 NW 27TH, STE. A  
City-St-Zip: GAINESVILLE, FL 32606

Title: STD ( ) Delete  
Name: DAVIES, LISA  
Address: 4127 NW 27TH LN STE A  
City-St-Zip: GAINESVILLE, FL 32606

Title: VD ( ) Delete  
Name: LEE, DENNIS  
Address: 4127 NW 27TH LANE, STE. A  
City-St-Zip: GAINESVILLE, FL 32606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JANET L. MCDONALD

PD

02/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date