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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N18301** (4)

1. Corporation Name  
**DERBY DOWNS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**2516 SW 27TH AVENUE** **2516 SW 27TH AVENUE**  
**P.O. BOX 2495** **P.O. BOX 2495**  
**OCALA FL 34478** **OCALA FL 34478**  
**US** **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/17/1986** 3a. Date of Last Report **03/17/1994**  
4. FEI Number **65-0106731** Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MOSHIER, WILLIAM F.**  
**2516 SW 27TH AVENUE**  
**OCALA FL 32874**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	WOOD, ROBERT E.
STREET ADDRESS	2015 BROOKFIELD DR.
CITY - ST - ZIP	MIDLAND, MI. 48640
TITLE	VPD
NAME	REID, RICHARD M.
STREET ADDRESS	49 BROADMAN DRIVE
CITY - ST - ZIP	TONAWANDA, NY 14150
TITLE	STD
NAME	MAGGIANI, EUGENE
STREET ADDRESS	7874 MIDWAY DR. TERRACE
CITY - ST - ZIP	OCALA, FL 32872
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Davidson, Robert
1.3 STREET ADDRESS	7814 Midway Dr. Terr. AAL02
1.4 CITY - ST - ZIP	Ocala, FL 34472
2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Fain, Al
2.3 STREET ADDRESS	7972 Midway Dr. Terr. O-102
2.4 CITY - ST - ZIP	Ocala, FL 34472
3.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Klingman, Betty
3.3 STREET ADDRESS	7888 Midway Dr. Terr. U-102
3.4 CITY - ST - ZIP	Ocala, FL 34472
4.1 TITLE	T/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Meyer, Virginia
4.3 STREET ADDRESS	7888 Midway Dr. Terr. U-103
4.4 CITY - ST - ZIP	Ocala, FL 34472
5.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Corna, Jim
5.3 STREET ADDRESS	7930 Midway Dr. Terr. R-101
5.4 CITY - ST - ZIP	Ocala, FL 34472
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE *Robert Davidson* Robert Davidson 1/31/95 904/237-7277