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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N18301** (4)
1. Corporation Name
DERBY DOWNS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2516 SW 27TH AVENUE P.O. BOX 2495 OCALA FL 34478 US	Mailing Address 2516 SW 27TH AVENUE P.O. BOX 2495 OCALA FL 34478 US
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3. Date Incorporated or Qualified 12/17/1986
4. FEI Number 65-0106731
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

10. Name and Address of New Registered Agent 81 Name James E. Day 82 Street Address (P.O. Box Number is Not Acceptable) 83 2516 S. W. 27th Ave. 84 City Ocala 85 Zip Code FL 34474
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *James E. Day* **James E. Day** DATE **2/19/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	DS SCHNACKE, LOIS
STREET ADDRESS	7931 MIDWAY DRIVE TERR. G102
CITY-ST-ZIP	OCALA FL
TITLE	<input type="checkbox"/> DELETE
NAME	PD FOBERG, LONNIE
STREET ADDRESS	7911 MIDWAY DR TERR F201
CITY-ST-ZIP	OCALA FL
TITLE	<input type="checkbox"/> DELETE
NAME	SD KLINGMAN, BETTY
STREET ADDRESS	7888 MIDWAY DRIVE TERRACE U102
CITY-ST-ZIP	OCALA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	TD MEYER, VIRGINIA
STREET ADDRESS	7888 MIDWAY DRIVE TERRACE U103
CITY-ST-ZIP	OCALA FL
TITLE	<input type="checkbox"/> DELETE
NAME	D MAGGIANI, BETTY
STREET ADDRESS	7874 MIDWAY DRIVE TERR. V102
CITY-ST-ZIP	OCALA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DS
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D DiMartini, Sebastian
4.3 STREET ADDRESS	7987 Midway Dr. Terr. K103
4.4 CITY-ST-ZIP	Ocala, FL 34472
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: *Sebastian DiMartini* President 2/19/98 352/237-7277

CFR0037 (10/97)