

SIGNATURE:

Mar 10, 2004 8:00 am Secretary of State **DOCUMENT # N18301** 03-10-2004 90025 037 ****61.25 DERBY DOWNS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 2605 SW 33RD STREET PO BOX 2495 **BLDG 200** OCALA, FL 34474 US OCALA, FL 34474 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062004 Chq-NP CR2E037 (10/03) City & State City & State Applied For 4. FEI Number 65-0106731 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KRKPATRICK, KENNETH Street Address (P.O. Box Number is Not Acceptable) 2605 SW 33RD STREET OCALA, FL 34474 City Zip Code 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. 1 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2004 Trust Fund Contribution. Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD Addition TITLE Delete TITLE □ Change CORNA, JAMES NAME NAME Lindslev, Ed STREET ADDRESS 7930 MIDWAY DR TERR, R101 STREET ADDRESS 7972 Midway Dr. Terr. CITY-ST-ZIP OCALA, FL 34472 CITY-ST-ZIP Ocala, FT. 34472 TITLE **₹**3-Delete TITLE ☐ Change VD WRIGHT, KENNETH NAME NAME Schnacke, Lois STREET ADDRESS 7875 MIDWAY DR TERR, D201 STREET ADDRESS 7931 Midway Dr. Terr. CITY-ST-ZIP CITY-ST-ZIP OCALA, FL 34472 Ocala, FL 34472 Delete TITLE ☐ Change >X☐ Addition TITLE PHILLIPS. NEWTON -NAME NAME Kline, Robert -7885 MIDWAY DR TER, E103 STREET ADDRESS STREET ADDRESS 7832 Midway Dr. Terr. CITY-ST-ZIP OCALA, FL 34472 CITY-ST-ZIP Ocala, FL 34472 Delete ☐ Change Addition TITLE TITLE Lorenzi, Pat HUGHES, MARION NAME NAME 7947 Midway Dr. Terr. 7875 MIDWAY DR TER D101 STREET ADDRESS STREET ADDRESS OCALA, FL 34472 CITY-ST-ZIP Ocala, FL 34472 CITY-ST-ZIP TITLE **⊠** Delete TITLE ☐ Change ☐ Addition DEMARTINI, SIBBV 7987 MIDWAY DR. TERR K103 STREET ANDRESS STREET ADDRESS OCALA, FL 34472 CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that 1 am an officer or director of the corporation or the receiver of instee 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. Edward Lindsley/14/04

SIGNING OFFICER OF DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME

FILED

352/369-9881

Davtime Phone #