
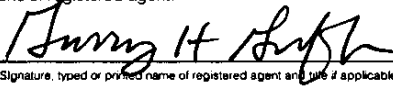
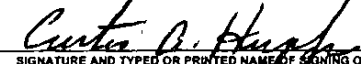


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90029 007 ****61.25

DOCUMENT # N18301					
1. Entity Name DERBY DOWNS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 25 E. SILVER SPRINGS BLVD OCALA, FL 34470 US		Mailing Address 25 E. SILVER SPRINGS BLVD OCALA, FL 34470 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0106731	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STAUFF, JENNIFER 25 E. SILVER SPRINGS BLVD OCALA, FL 34470				Name Bosshardt Property Mgmt, Inc	
				Street Address (P.O. Box Number is Not Acceptable)	
				25 E. Silver Springs Blvd	
				City Ocala	
				FL Zip Code 34470	
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 				DATE 4/2/08	
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOUSE, EVELYN		NAME	Fred McKenzie	
STREET ADDRESS	7846 MIDWAY DR TERR		STREET ADDRESS	7828 Midway Dr Ter.	
CITY-ST-ZIP	OCALA, FL 34472		CITY-ST-ZIP	Ocala, FL 34472	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULLINIX, DEBRA		NAME	Curtis Huffer	
STREET ADDRESS	7831 MIDWAY DR TERR		STREET ADDRESS	7958 Midway Dr. Ter.	
CITY-ST-ZIP	OCALA, FL 34472		CITY-ST-ZIP	Ocala, FL 34472	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMARTINI, SEBASTIAN		NAME		
STREET ADDRESS	7987 MIDWAY DR TERR		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34472		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMMON, TED		NAME		
STREET ADDRESS	7817 MIDWAY DR TERR		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34472		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDSLEY, EDWARD		NAME		
STREET ADDRESS	7972 MIDWAY DR TERR		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34472		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.					
SIGNATURE: 				Date 4-8-2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	