

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 768334

FILED
Feb 07, 2006
Secretary of State

Entity Name: DERBY FARMS PROPERTYOWNERS ASSOCIATION OF MARIONCOUNTY, INC.

Current Principal Place of Business:

7645 NW 10 STREET
OCALA, FL 34482 US

New Principal Place of Business:

7601 / 7645 NW 10 STREET
OCALA, FL 34482 US

Current Mailing Address:

P.O. BOX 771032
OCALA, FL 344771032 US

New Mailing Address:

FEI Number: 59-2892621 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KEANE, LENA
7645 NW 10 STREET
OCALA, FL 34482 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: LENA KEANE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: TOON, LINDA
Address: 7601 NW 10 ST.
City-St-Zip: Ocala, FL 34482

Title: T () Delete
Name: KEANE, DAVID
Address: 7645 NW 10TH ST
City-St-Zip: Ocala, FL 34482

Title: P () Delete
Name: LUBIN, EVE
Address: 7671 NW 10TH ST
City-St-Zip: Ocala, FL 34482

Title: VP () Delete
Name: MILLER, JACQUELINE
Address: 743 NW 77TH AVE.
City-St-Zip: Ocala, FL 34482

Title: VP (X) Delete
Name: CAREY, GEORGE
Address: 855 NW 77 AVE.
City-St-Zip: Ocala, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: KEANE, LENA
Address: 7645 NW 10TH ST
City-St-Zip: Ocala, FL 34482

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 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: LENA KEANE

T

02/07/2006

Electronic Signature of Signing Officer or Director

Date